

A MODEL FOR TRAINING CLIENTS TO ACCESS
THE MONEY FOLLOWS THE PERSON
INITIATIVE GRANT

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ABSTRACT

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The ministry context is Shalom Manor Consulting of Lawrenceville, Georgia. Many nursing home residents dream of returning to the community, but family members lack the information to achieve this goal. Shalom Manor Consulting trains clients to transition their institutionalized loved ones to community-based care, via the Money Follows the Person Initiative Grant. A qualitative methodology was employed utilizing surveys, client journaling, client summaries, and field notes. Trained clients are introduced to the guidelines necessary to relocate their loved ones. Study data supports the conclusion that trained clients are able to utilize the tools required to transition residents through this Grant.

ACKNOWLEDGEMENTS

Primarily, the author acknowledges Almighty God, Creator of the Universe for God's guidance and grace. All glory and honor to God when the voyage seemed unclear. God's faithfulness led the writer to the right people, places and resources. There was always direction at every bend. Acknowledgments to Reverend Dr. Shirley Jackson, and Dr. Tanya Edwards - Professional Associates, and Mrs. Loise Lipsett-Jackson, MSN, ARNP-C, CWS – Context Associate, extended family and friends for their support and encouragement. Their suggestions and guidance as the project came together have been priceless. Much appreciation to Pastors Dennis and Colleen Rouse for their true significance, and servanthood teaching, and the Nursing Home Mercy Team Ministry of Victory World Church, Norcross, Georgia. Extended gratitude to the staff and residents of Tamarac Rehab, Rosemont of Stone Mountain and Sunrise Assisted Living, who displayed firsthand examples of the various needs of our aging population.

Many thanks to the collaborative undertaking of Reverend Dr. Harold Hudson, Reverend Dr. Stephen Swisher, Reverend Dr. Leroy Cothran, and Dr. David Whitford, who led, instructed, encouraged and labored to bring out the utmost in academic excellence that United Theological Seminary demands. The writer is very thankful for the input given by Pastor Dr. Melvin G. Barney, Esq., and Ms. Deborah Rowson, Peer Associates. Overwhelming gratitude is also in order to Drs. Kenneth and Gloria Copeland, Mr. James Tito, Reverend Kelly Copeland- Swisher, Ms. Christine Schuelke,

Ms. Victoria Bishop, and the wonderful hospitality of Kenneth Copeland Ministries. The total learning experience and lifetime advantage afforded by UTS and KCM has been exhilarating and most invaluable.

Contrary to customary thought, the researcher also expresses thanks in the many adversities of life. These experiences have propelled her to overcome circumstances, learn new lessons that are being shared with others, and to meet significant, amazing people.

DEDICATION

This project is dedicated to the philosophy, sacrifice, love and parental nurturing of the writer's late parents, Leaburn and Cislyn Forgie, as well as the never-ending encouragement and support of her amazing sons, Germaine and Basil Williams II. They have always been major cheerleaders. The intercessory prayers, time shared, and the inspiration of peers and colleagues at United Theological Seminary have been life altering. In addition, the understanding, patience and patronage of siblings, extended family and friends while on this mission to complete this project have been a true godsend.

“Germaine and Basil, this is a real life relay of faith. I now pass the baton to you, which was passed down by Granddad and Grandma. Sons, know God for yourselves!”

ABBREVIATIONS

ADL	Activities of Daily Living
A/D	Aged and Disabled
CM	Contextual Ministry
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nursing Assistant
DCH	Department of Community Health
DD	Developmentally Disabled
ESV	English Standard Version
GBI	Georgia Bureau of Investigation
GDCH	Georgia Department of Community Health
GLB	Girls Life Brigade
ICF	Intermediate Care Facility
MFP	Money Follows the Person
NH	Nursing Home
NIV	New International Version
OAA	Old Age Assistance
OASDI	Old Age, Survivors, and Disability Insurance
PCH	Personal Care Home
SWBC	Southwest Believers' Convention
TBI	Traumatic Brain Injury
USDHHS	US Department of Health and Human Service

Rise in the presence of the aged, show respect for the elderly and revere your God. I am the Lord (Lev19: 32 NIV).

INTRODUCTION

This model of Ministry introduces the two main areas that are involved in this study. The United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), and Medicaid-eligible individuals in nursing facilities or intermediate care facilities (ICF) for persons with mental retardation. Even though the Money Follows the Person Initiative Grant seeks to assist in transitioning residents from various institutions, this research specifically addresses nursing home facilities in the state of Georgia.

The Medicaid Deficit Reduction Act of 2006 was signed in order to reduce the burgeoning costs of caring for patients and residents in long-term care institutions. On the other hand, some residents of these institutions would rather live outside the confines of these facilities in community-based housing. These locations can be apartments, in the resident's own home or in a group arrangement, such as a personal care home. The need of these two entities brought about the Money Follows the Person (MFP) Initiative Grant offered through the Centers for Medicare and Medicaid Services (CMS) and the Georgia Department of Community Health (DCH).

Over the years, the aged and disabled housed in institutionalized settings have voiced their desire to return to home or community based care. Many of our aging population feel abandoned in their latter years. People are living longer and they need to enjoy the best quality of life possible. They still have social, mental and spiritual

aspirations. All too often, the elderly are forgotten and neglected in nursing homes by their families. Distance is one criterion that makes it difficult for children to watch over their aging parents and relatives. Job location and family constraints are often other factors for non-visitation.

The Money Follows the Person (MFP) Initiative Grant of the federal government has been assisting eligible nursing home residents to transition back into the community, by way of apartment living, living with family or friends, or living in a less restrictive environment in the community. The monthly cost for care after the transition is less than the monthly outlay in the nursing home. This aids the reduction of the Medicaid budget. Moreover, the intrinsic rewards of regained independence and the renewal of association with family and friends are priceless.

Although the Initiative has been in existence since 2003, many have no knowledge of its advantages. Therefore, this project seeks to educate relatives and friends of nursing home residents regarding rules of eligibility and the process required to reposition their loved ones from nursing homes to community-based care, specifically personal care homes. With this knowledge, participants are now equipped to utilize MFP to transition residents back to the community to live with increased wellbeing, harmony and peace.

The grant includes benefits to eligible older adults, adults and children with physical disabilities and/or traumatic brain injuries (TBI) and adults and children with mental retardation and/or developmental disabilities, but this study concentrates on nursing home residents only.

A systematic simplified navigation model will be created. This guide will offer clarity and assistance through the maze that oftentimes clouds government programs. When followed, these instructions with checkpoints will enable family members and friends of nursing home residents to know how to apply to MFP. Receiving the benefits of the program will allow residents to achieve their dreams of an increased quality of life, and independence outside institutional walls.

Chapter One acquaints the reader with the researcher's spiritual journey. It expounds on the events that lead the researcher to this place of ministry and the distinct experiences that have resulted in benefits for others. The context and thereby the synergy evolved because of a problem that needed to be solved.

Chapter Two reveals the literature connected to this study on the elderly and how events have developed historically regarding their care, needs and wellbeing. The researcher expresses the concerns and solutions in caring for the elderly and infirmed. The authors cited provide pertinent information to support the relativity of this research.

Chapter Three confirms a theoretical foundation, which examines the historical, biblical, and theological areas for this model. This section describes the idiosyncrasies of the elderly and needy through these three main themes.

Chapter Four discusses the methodology and the design utilized in compiling and assessing the data used in the field experience: The Hypothesis, Intervention (Description of Ministry Project), Research Design, Measurement, and Instrumentation.

Chapter Five offers the reader a sound understanding of what evolved during the actual execution of the project. The data collection approach and data analysis goal will

be explained in this chapter. This is where the *Results of the Model* is revealed with regard to the Collection, Analysis and Outcome.

Chapter Six comprises the researcher's expressions on the field experience, summaries and conclusions of the project. This chapter explains the core of the final project, and should have the ability to be a stand-alone document explaining the entire understanding of the model. The researcher's theological reflection after the field experience is explained here. Visions and proposals, as well as endorsements for future research are unearthed from this project.

CHAPTER ONE

MINISTRY FOCUS

The area of ministry and the model it addresses shows the similarities of the researcher's childhood involving service in the church and missions. Even though the writer's early professional life took her through Corporate America, God has led her back to an enjoyable servant-based vocation.

God tells us in God's Word; Deuteronomy 30:19, that God has set before us life and death, blessings and curses. God gives us a hint, which is actually a command to "choose life, so that you and your children may live". The writer has made many choices, as there have been many fluctuations and detours in her life.

She majored in business and worked in various facets of this arena even before graduating from high school. The path in the business world had become predictable until God changed her heart in 2004, when she knew that the grace and anointing had run its course for working in this industry. The author knew the exact moment when the desire for her life's work transformed from corporate America to a divine path of servanthood. Shortly thereafter, God presented an opportunity to serve in South Korea in international missions. Unbeknownst to her, this season became the preparation ground for learning how to care physically for the impaired, sick and needy beginning with her own mother.

Looking back over the author's life, she was raised with the awareness of God. God was there when as a young girl she was being taught to recite the books of the Bible.

God was there when she was mischievously imitating the adults in the congregation of her mother's Pentecostal church in London, England. As she matured, God was there wherever she made her bed. He never did leave her or forsake her.

The writer was raised in London, England in an environment where Jesus was at home and at school in addition to church. Her dad worked for British Railways and her mother stayed at home. Until her passing, her mother was a devout Pentecostal Christian. The writer recalls hearing her mother tongue-talking throughout the home. The greater influence in this home came from her mother, although her father was a man of great principles, he had become backslidden before the writer was born.

Loud gospel music played regularly from her mother's sacred record collection. The writer along with her siblings sang and danced with their mother. On the other hand, her father enjoyed playing his Tennessee Waltz type classics, and pop, and taught his children to two-step. Both parents were very supportive in the lives of their children. Her dad passed in 1985 and her mother much later in 2010.

While the author's mother attended her Pentecostal Church of God, the author's parents enrolled the children in Sunday school at Bermondsey Central Hall Methodist Church in Southeast London. Ironically, this church was a missionary church, and the author and her sister, aged 7 and 8 respectively, each collected money for overseas missionaries from sponsors in the church, through an outreach called Sunny Smiles. The author sees how events from early childhood have come full circle. The occurrences that took place as a child have blossomed into interests and desire for servant based ministry and global missions.

During her lifetime, many church associates, fervent schoolteachers, and laypeople sowed the Word into the writer's life. One particular elderly next-door neighbor, named Miss Reid, read and taught the writer and her sister favorite Psalms. The sparkle in this woman's eyes said it all, even though at the time, the sisters did not understand the reason why.

The writer's adult progress is deeply due to the support from her mother, who co-parented her sons as she returned to school for higher education. The writer's mother was her main cheerleader and support. She lovingly babysat her grandsons as her daughter worked her many jobs, and businesses, usually more than one at a time. They too sat on the church benches through Wednesday night Bible studies while their mother attended college classes.

At this time of reflection, the writer believes she was saved much earlier than the official recorded date. She was serious about her commitment each time she went to the altar to receive Jesus. Adults at that time just did not pay enough attention to children acting on such expressions of faith, so there was no genuine follow-up. Billy Graham came to London's Earl's Court when the author was eleven. The Sunday school teachers took a group to one of the services. The author was a part of this group.

Thankfully, the Spirit of the Lord continued to hover over the writer as she went up to the altar one more time to receive Jesus Christ as a teenager in a Washington, D.C. church. This time was different. The decision made was one of quality and commitment and the elders in the church followed up with doctrinal instruction and Bible study.

During her teenage years, the writer's family relocated to the Caribbean for a few years. She met and married someone of a denomination whose beliefs watered down her

commitment to God. In the natural, life seemed very bright. Outward prosperity evolved, two wonderful sons were born; then began the serious tug-of-war in her soul. The author deviated from the faith.

God watched over her as she scaled mountains and sank in the valleys. God's protection reigned, as she became a wife and mother. God continued God's watchful eye, as she later became sole provider for her household after a calamitous divorce. God's presence was always there even when she left God. The writer moved back to her family in Florida. Before his death, she received her father's assistance, however, her mother played surrogate everything.

The writer worked in many positions as she made her way through college majoring in Business Management. She made headway in business, marketing, sales and ran several businesses for herself. She began partnering with the PTL Club and Jim and Tammie-Faye Bakker was her lifeline during long sleepless nights. Along the way, she found her direction back to church at Church of God of West Broward. She served diligently, receiving much support from Pastor Reginald Smith and his wife, Sister Carol Smith. The author served in the choir and evangelism, and eventually became the church percussionist, playing the drums.

"Thru many dangers, toils and snares" the writer moved back to Maryland. Eventually, she discovered the teachings of Kenneth and Gloria Copeland and Word of Faith Ministry. She began to learn about seed-faith through Oral Roberts and Robert Tilton as well as the Copelands. As she added Creflo Dollar, Jerry Savelle and Jesse Duplantis to her repertoire of teachers, she partnered and began to prosper.

In 1993, the author needed a more relaxed lifestyle for her family, so she sought and received a job transfer with the federal government and moved to Atlanta, Georgia. Her spiritual life propelled to another level when she joined Victory World Church in Norcross, Georgia. She worked in the music ministry and later led a Life Group under the leadership of the church.

In 2003, Rick Warren started a worldwide revolution with his book *The Purpose Driven Life—What on Earth am I here for?* Participating in Forty Days of Purpose at Victory, and becoming a Core Group Leader propelled the writer to another level in her service for the Lord. While studying the book with her group on the first meeting at the beginning of 2004, the caption, “*What on Earth am I Here For?*” initiated a major shift on the inside of her. She knew at that very moment that God had something tremendously different and special for her to do. She also believed that this would materialize before year’s end. The writer became extremely dissatisfied with her status quo.

The assignment manifested shortly thereafter when the writer was offered to serve as a missionary/teacher in the Republic of South Korea in the latter part of 2004. This call to the mission field immediately thrust the writer into a servant-based lifestyle far removed from the competitive business routine she had experienced for most of her adult working career. She actually felt the shift so strongly that she knew she would never be satisfied returning to the business world the way she had known it. Although her children were now adults and making headway in their own careers, the writer was concerned for the distance this move would cause from her beloved sons and her mother.

The mission in South Korea was very successful. Vital, meaningful relationships were forged, hearts were won for the Lord, and overwhelming kindness was extended as

ministry gifts were expanded. The author tirelessly said, *yes* to requests to serve during her tour of duty. As a result, she was always busy and challenged.

The writer was stretched positively in teaching and preaching about Jesus to juniors, adolescents and adult professionals, as well as convening workshops and seminars. She was able to read her Bible uninterrupted from cover to cover for the first time in her small studio, happily checking off each chapter on a guide she posted on her wardrobe door. Lacking the convenience of a car, she walked a lot with her foreign counterparts, especially her newfound Canadian missionary friend, and became much healthier.

During her first year in South Korea, the Lord allowed the author to bring her mother to visit. She thoroughly enjoyed learning about the culture. Many pleasantries were extended to her during her stay. The attention and respect shown by the community was most gracious. She returned home emotionally stirred. The author was glad she came when she did. She would later know the importance of the significance and timing of this sacrifice.

As the author gave, overwhelming love and service were reciprocated. She experienced locals coming to her aid many times. Once during the extremely chilled winter, one of her students, an ENT doctor offered medical attention for a throat infection. She invited the author to her practice, examined her, wrote a prescription, excused herself from her practice, whisked the author to the pharmacy and insisted to pay for her prescription. This proved to be another tearful moment of gratitude.

God provided discounted dental work by another student, a practicing dentist, who ran a pristine practice with her husband in a nearby town. Towards the end of her

second year, she was tremendously blessed when another wonderful doctor performed needed minor surgery for her. He refused to take payment, even though the author had full medical coverage through the General Conference back home.

Ministry opportunities abounded in South Korea. The Lord provided protection as she stood on the 91st Psalm one night when burglars entered the Institute where she and two other missionaries lived. God gave the author words of boldness that frightened them away, even though she spoke very little Hangul. The next day she was a hero at the Institute as the thieves had left behind computer equipment they had prepared to steal, by the elevator door. This loss would have set back the Institute several thousand dollars.

The Lord spoke to many students' hearts and the author was afforded the opportunity to experience the tremendous presence of the Holy Spirit at Prayer Mountain on Pastor David Yonggi Cho's Campus in Yoido. The visit was an experience she would always remember. Even though congregants prayed in their native languages, and her student friends attempted interpretation, the presence of the Holy Spirit was so extraordinarily present. As she joined in the worship, the fervency experienced would never be forgotten.

God provided comprehensive coverage of the Holy Spirit over the writer's entire stay in South Korea. When the North tested a nuclear bomb in the fall of 2006, and skies over the University campus where she taught were dark gray, God's protection was a shield. She realized that God further softened her heart to discern the various needs of people, being empathetic to their idiosyncrasies, and enlarging her heart to serve. She was reminded that one could speak a different language and be of a different culture but the expressed love of God and the universal proverbial smile opens doors.

During her second year as a missionary/teacher, the author was promoted to Sahmyook University in Seoul. Towards the end of 2006, she was about to experience her biggest life challenge. This event proved to be a major ministry renaissance. One Monday morning while she was leaving for chapel before classes on the University Campus, she received an alarming phone call from her sister back home in South Florida. Her mother, who lived alone, had been found in grave shape in her home where she had been lying for two days after experiencing a massive stroke.

This type of catastrophe was a first for the author. She had never experienced anyone this close to her suffer such a malady. She hung up the phone and picked up her Bible turning to the 91st Psalm, pleading protection, healing and restoration for her mother. She then called Kenneth Copeland, Creflo Dollar, Jerry Savelle, and Jesse Duplantis Ministries, as well as the Oral Roberts Prayer Tower. She received peace, comfort and hope.

The author learned the necessity of responding to the unction of the Holy Spirit. The day before, she had attempted to call her mother at eleven o'clock in the morning. She was a bit disturbed when there was no answer and she told herself that she should call her niece, sister or brother to go to the house to check on her mother. Something took her attention, busyness set in and that call was not made. Later she realized that the Spirit of the Lord was prompting her. At the time she made the initial call, the onset of her mother's stroke was in the very early stage. This was why the elder could not answer the phone.

She chose to cancel her contract and get home as soon as possible to care for her mother. She reminded God that she had come to Asia to do God's work, and God

promised that God would take care of her family in her absence as well as turn her children's hearts back to God. God had told her that her children's re-dedication to God was on the other side of her obedience. She believed God to keep His Word. She felt God's peace and reassurance.

The author called the hospital in Ft. Lauderdale and got to speak with her mother. Even though she gently encouraged her daughter to stay to complete her term, the author knew that this would be the end of her tour for now. It took a whole month to get out of South Korea and time was now of the essence. She engaged high gear and arrived at Incheon Airport to head full speed to her mother's side. By this time, her mother had been transferred to St. Anthony's rehab hospital in Ft. Lauderdale.

On arrival in Ft Lauderdale, a close friend met the author and whisked her away to the hospital. When the writer called her mother's name as she entered the dining room during lunchtime, Mrs. Forgie looked up and was overcome with severe emotion. She now found extreme comfort, knowing that she now had an advocate in her daughter to make sure things would go well. She also began making relentless requests that she wanted to go home.

The author's mother's benefits at the Rehab were quickly exhausted in thirty days. A Rehab Therapist recommended a local nursing home, as she was not in any condition to return to her home. The author drove behind the ambulance during the transfer. The move was traumatic for her mother. This is where the author realized that her mother's role had changed to one of ward, and the author had quickly become the one in charge.

The real trauma materialized at the end of the next thirty days when the Social Work Director informed the family that benefits had been exhausted once more. She advised the author and her siblings in a meeting that they had to take their mother home. The callous director actually sat and watched the family sweat and cry before she advised them of an alternative measure which could be put in place, awaiting the approval of another level of benefits. Nevertheless, God was still watching and orchestrating.

The author continued her two visits a day to the nursing home until she experienced physical exhaustion. She was forced to limit her visits to once a day. Sometimes when she visited, her mother was fast asleep. On awakening, Mrs. Forgie was consoled that her daughter had visited as she saw fresh flowers on her nightstand. The nursing home staff got to know the author well and her mother grew to expect her presence.

The writer's stress level increased as her mother often called her early in the morning, sometimes at 5:30 A.M. constantly chanting *get me out of here, they are trying to kill me with all these meds*. Sleep became more and more precious. The writer cried out to the Lord for relief. God was still there and God responded.

These are some of the experiences of families attempting to care for their loved ones in nursing institutions. If the Money Follows the Person Initiative Grant had been presented to the author then, she would have readily agreed to participate. She had no knowledge of MFP and definitely knew nothing about personal care homes. Her intention from the onset was to take her mother out of the nursing home and transition her back into her home. This quest began as soon as she landed in Ft. Lauderdale from South

Korea. She arranged for a contracting team to remodel her mother's home. God steadily brought people before her with solutions to solve the puzzle. God was always on the job.

The author secured work at a Boca Raton university and began the arduous job of juggling work and care giving. This lifestyle seemed one of deja-vu. One day while visiting her mother, the author took a break to sit in the courtyard of the nursing home to gather her thoughts. She met a young woman who was caregiving one of the nursing home patients. She struck up a conversation and received information on preparing for certification as a Certified Nursing Assistant. Although she felt she might be going backwards, she believed she needed the training in order to learn how to care for her mother upon discharge from the nursing home.

Each step took the author in the correct direction towards her present purpose. Of course, she was unaware of this at the time. She contacted the school and learned that she could achieve this credential rather quickly. The author enrolled, completed the course and began to work part-time in the field, learning how to care for the elderly and disabled. God gave her the strength and wisdom to balance her day job, to work part-time on the weekends for a Palm Beach agency, caring for the wealthy elderly, while managing her mother's care at the nursing home.

In the early days after the author arrived in Florida, there were times when she screamed while beating the steering wheel as she drove through the neighborhood. She told God this was not what she had planned for her life, and she did not want to be in Ft. Lauderdale. She often felt alone and experienced bouts of anger and hurt. She felt abandoned by her siblings, and other family members. "Was she the only one responsible for her mother?"

Every other weekend, the author checked her mother out of the nursing institution to her freshly remodeled home and took her to her church. Once while trying to initiate a transfer, the elder slid from the wheelchair onto the floor. Her frame was bigger and taller than that of the author. As her mother went down, she pleaded *please don't go down mummy, I can't get you up off the floor*. God gave her the wisdom and strength to get down on the floor and somehow bring her back up to the wheelchair. During the 3 ½ years of caregiving, the author would often leave the room to gain composure and hide the pain.

During July 2008, the writer lay in bed on a Saturday morning overcome by exhaustion. As she spoke to God, she said *God I can't do this anymore*. She heard a voice saying *Patricia; there is a way to take care of your mother and yourself*. A spurt of faith and energy came, allowing the author to get up and swing her legs over the side of the bed. She questioned *how?* She heard *be patient and trust Me and I will show you*. The peace of God totally engulfed her. She climbed back into bed, lay flat and breathed deeply. She truly believed that she would receive the way.

Plans were underway to attend the September Days of Refreshing, Eight Days of Glory at Eagle Mountain International Church on the campus of Kenneth Copeland Ministries in Newark, TX. It was truly eight days of glory. During one of the sessions, Billye Brim prophesied over the author. She received a word leading her to operate an assisted living facility. She also received the name *Shalom* from the teachings of Keith Moore who also ministered. By the time the meeting in Texas was over, she knew she had been given knowledge that would begin the journey of transitioning her mother from the nursing home to her home.

The Lord began to position all the significant people in the right places, at the appointed time, in order to make this transition a reality. First, he released the author to leave Florida and return to her home in Georgia. He gave her a guru consultant who walked her through licensing requirements to form Shalom Manor PCH, Inc.

The first client was a Jewish young woman, who knew what Shalom meant. The author considered this a sign and confirmation from the Lord that she was on the right track. The Holy Spirit led the author to seed her first month's fee to KCM. Shalom Manor received its blessing and covering for success.

Once God gave the writer her game plan, before leaving Florida, she researched and learned that Georgia law allowed reciprocity for her CNA license. On arrival to the licensing office in Atlanta, she was advised that it took a few weeks to receive acceptance to the Registry. The Lord gave her favor with the clerk taking applications. She whispered for the author to return in two days for the physical documentation and entry in the Georgia Registry. The favor of God was surely coming upon her and overtaking her speedily.

The physical move from Ft. Lauderdale to Lawrenceville, Georgia was no minute feat. The author tasked to drive the 26 foot truck with hydraulic brakes and car in tow, carrying assets from her mother's house and furniture purchased for Shalom Manor along I-95N to Jacksonville, FL. God provided the help and support of a friend who was attending a workshop at the Jacksonville Hyatt to take over the driving. They made headway across I-10 and north on I-75 to Georgia.

The author knew that the plan to bring her mother to Shalom Manor would take deliberate steps. Time was of the essence, because the elder had been left behind at the

Florida nursing home. She was now on a feeding tube resulting from several other mini-strokes and was considered critical care. In the meanwhile, Shalom Manor was in full operation and filled up miraculously while other homes experienced client deficiencies.

After making several inquiries for an interim nursing home for her mother, God extended favor when a nursing home in Stone Mountain offered her mother a bed. Most of the facilities visited advised that they had long waiting lists or the writer deemed them unsuitable.

The author contacted several non-profit pilot organizations and long distance ambulance services and received astronomical quotes to transport her mother from Florida to Georgia. She finally decided to fly to Ft. Lauderdale, rent an Avis van, and pick up her faithful RN friend to care for her mother while she drove the 700 miles. Her mother was finally leaving the Florida nursing home, to interim care at a nursing home in Stone Mountain, Georgia. The discharge was ceremonial and most memorable. The author's mother grinned from ear to ear at the thought of finally living her prophecy and getting out of the institution.

The days at the Stone Mountain nursing home quickly turned into months. While working in the field, God continued to place the right people in the author's path. She gained the knowledge regarding obtaining the workforce, equipment and monetary resources to orchestrate the move from the nursing home to the familiar home her mother so desired. It was no easy feat as her mother was now considered critical care because of all the severities in her health including a feeding tube in her stomach.

The author retained contractors once more. They had completed making Shalom Manor PCH ready, and now they would rework her double car garage to one garage and

convert the other half into a beautiful suite for her mother. As the work progressed, people came into the author's life and more information regarding Money Follows the Person began to unfold.

After meetings, training and strategy sessions with Money Follows the Person government officials and the medical and nursing team, it was time for another discharge. Her mother was now coming home through the MFP program. The author awoke feeling elated, but apprehensive and drained. Would she really be able to carry this through? This was going to take more than her usual tenacity. She needed the wisdom and favor of God more than ever before.

When she arrived at the nursing home with another long-time supportive friend, she was handed her mother's full diagnosis and her complete list of meds. Her mother had been on a feeding tube now for over two years. She truly needed a lot of attention and skilled critical care. When the Nursing Director invited the author to bring her mother back if she could not manage, the author became more determined to make it work.

The Lord showed her what an honor it was to care for her mother, and she received it. Her siblings and her mother's grandchildren came from Florida, Arkansas and London to visit a few times, both in the nursing home and in her new home. These were emotional but happy times, and they tearfully showed and expressed appreciation for the author's dedication to take care of their mother. They were deeply touched and this brought healing in the family.

One morning as the author went in to tend to her mother, she noticed that something was radically wrong. Instructed by the doctor, she called 911 and the

paramedics arrived to take the elder to the Emergency Room of Gwinnett Medical Center being less than two miles away.

The doctors diagnosed another stroke. Treatment was provided and her mother was brought home in a few days with a grave prognosis of a worsened quality of life. At this juncture, Hospice entered the picture. As usual, the writer prayed and believed God for comfort and healing. She knew that the end was nearing as her mother had been talking and making vivid statements while smiling, about being ready to go home to be with Jesus. She had actually been acting this way for over a year, but repetition had become much more intense.

On the 22nd of July, paramedics were summoned to the home once again to take the elder to Gwinnett Medical. She was experiencing excruciating toothache and other grave issues. The ER doctor confirmed that this was due to heart attacks. The author watched the monitor and vehemently insisted that relief be given to her mother immediately to ease the pain. Her mother was subsequently admitted to the Heart Unit, and the author continued to pray and talk and sing to the elderly woman.

The author watched her mother being hooked up to intricate equipment and being monitored by the medical team. Over the past few months the author would regularly lean down over the hospital bed rails, put her face beside her mother's and whisper in her ear. *God is well pleased with you mummy, Jesus is well pleased with you, the Holy Spirit is well pleased with you, and I am well pleased with you.* Her mother responded with a smile.

A few hours later, her mother went home to be with the Lord. She just lay there, peaceful and free at last. The medical staff stood quietly, respectfully looking on. The

writer stood by her mother's side, held her hand and said lovingly, *mummy, you have gone to be with Jesus, you are with Jesus. No more pain, no more sorrow. You are laughing and dancing and singing.* She looked at the trained but apprehensive staff and reiterated, *she's with Jesus, she has no more pain, and she's all right. She's not lost; she's in the arms of the Lord.* She held her mother's hand and gently rubbed her arm and face as her extremities slowly chilled.

God had prepared the author for this moment. He had prepared her heart and shown her the steps to take. It was in God in whom she *lived, and moved and had her being.* She was ready to perfect the assignment given to her almost four years prior.

The next day was Saturday. The author knew the Lord was with her. She went to the funeral home accompanied by her friends; one from North Carolina and another who had arrived from Alabama during the previous momentous night. She completed paper work; including authorization to ship her mother's remains back to Ft. Lauderdale via a Delta flight the following Monday.

There was a lapse of over two weeks before the burial could be performed. The author had already booked to attend Southwest Believers' Convention in Ft. Worth. She decided to attend. She received messages of comfort. Jesse Duplantis brought a poignant message stating that when loved ones go home to Christ, they are in our future, and eternity, is a far longer stretch than our time here on earth. The author held these words dear and it brought her through the week onto the burial day.

Upon arrival at Ft. Lauderdale Airport for the home going preparations, the author found herself speaking audibly to her mother as she stood in the ladies room. Conversing lovingly and gently, she whispered, *mummy I cannot give you any more trips, vacations,*

cruises, dinners. I cannot give you any more money or gifts or surprises. Moreover, when I see you again, you are not going to need anything. Neither am I. So I am giving you my very best now.

Her mother's pastor officiated in her home church. The home going festivities were both memorable and beautiful. God led the author through silence, prayer, tears, rest and relaxation. As life began to return to some normalcy, she sought God for a new assignment. She had been desirous of returning to school to complete a doctorate degree. She knew that she was not interested in studying any more business courses at this level and narrowed down her interests. Finally, she admitted that she was only interested in studying about the Word. A Doctorate in Ministry was the choice.

God had permitted the writer to complete the assignment to care for her mother. She knew for the most part, that she had accomplished this to the best of her ability. She felt proud and satisfied, but deeply humbled. Today her experience has taken her to a place where she not only believes, but also knows of the advantages, perils, thoughts and desires of nursing home residents. She also knows of family neglect and the abandonment felt by the elderly and institutionalized when there is no family close by or when there truly is no known next of kin. She has visited nursing homes and seen residents in wheelchairs by the door wanting to go home. She has also felt like taking them home.

The writer has travelled this path. She can empathize, and do something about the plight of those in institutions who desire to live on the outside. In seeking to transition her own mother from nursing home to home care utilizing the Money Follows the Person Initiative Grant; she is now able to train others to navigate the bureaucratic mire to gain freedom, independence and greater life enhancement. This training will be accomplished

through workshops offered to clients of Shalom Manor Consulting, an arm of Shalom Manor PCH, Inc.

Contextual Analysis

The context is Shalom Manor Consulting, an arm of Shalom Manor Personal Care Home. This context evolved because many clients have constantly approached the researcher seeking direction to transition loved ones out of nursing homes. These clients had desperate needs and did not know how to overcome this dilemma. The researcher learned that the U.S. Department of Health and Human Services (USDHHS) has an initiative grant named Money Follows the Person. This Grant facilitates transitioning residents of nursing homes or intermediate care facilities (ICF) back to community-based care.

In Georgia, personal care homes also referred to as PCH's are regulated and licensed by the Georgia Department of Community Health (GDCH). As of February 26, 2012, there were 190 licensed personal care homes in Gwinnett County. The Georgia Bureau of Investigation (GBI) screens the background of owners, and local police departments verify the background of workers applying to work in a PCH. These homes are for persons who cannot live independently, but are not nursing home candidates. The homes provide housing, food, and one or more personal services—activities of daily living (ADL's) for two or more adults who are not bedridden or related to the owner or administrator by blood or marriage. (Personal services include but are not limited to individual assistance with supervision of self-administered medications, companionship

and essential activities of daily living such as eating, bathing, grooming, dressing, meals, personal care and toileting).¹

In other states these types of homes may be referred to as assisted living facilities, residential care facilities, or board and care. In Georgia, the official name is personal care home. Unlike a nursing home, a personal care home is not licensed to provide medical or nursing care. Residents of a PCH must be able to leave the building quickly with little help and should not need a lot of supervision.²

Nursing homes provide medical and nursing care by registered nurses, or intermediate care by licensed practical nurses. Nursing homes also may offer speech, physical or occupational therapy, as well as diet supervision, and assistance with bathing, dressing and medication.³

The minimum age of a PCH resident is 18. There is no maximum age limit. Residents of personal care homes in Georgia have certain Resident's Rights. These encompass being fully informed about rights in a way that the resident can comprehend. There is a centrally posted copy of Residents Rights in the facility and House Rules and an Ombudsman Poster that lists phone numbers residents can use to communicate if they have issues.

There is no uniform personal care home model. They are consumer-focused, and they vary in services offered as well as type of residents served and staff contracted to work in the facility. Structurally, a PCH can be small, freestanding, independently owned

¹Senior Citizen Resource http://www.gabar.org/public_information/senior_citizen_resource_guide/nursing_homes_and_personal_care_homes/ (accessed February 26, 2012).

²Ibid.

³Ibid.

homes with a few residents to corporately owned facilities. Residents usually transition to PCH's from their own homes, nursing homes, family and friends or other healthcare facilities. Services rendered can be provided by the home or provided a la carte by outside providers, with residents paying the provider directly.⁴

Personal care homes evolved to augment the level of care needed for retirement community residents and nursing homes. Today they are meeting the needs of various categories of residents as core resident models, as seen with the increasing number of freestanding facilities.⁵

Origin of Shalom Manor, PCH, Inc.

The subject personal care home, Shalom Manor, PCH is located in Lawrenceville, Georgia and licensed by the State of Georgia for six persons. It was founded by the researcher in July 2009 out of a need to house and care for her ailing mother, who had experienced a stroke in September 2006. Her mother's deepest desire was to transition from the nursing home back to a home setting with her daughter. Mrs. Forgie passed in July 2010, but the sentiments and *raison d'être* for the conception of Shalom Manor still lives on in the clients now served in this facility.

The context, Shalom Manor Consulting has taken the origin of Shalom Manor Personal Care Home, to another level. The passion to help others with eldercare needs drives the researcher to train clients to meet the needs of loved ones in institutional care. Shalom Manor Consulting is located in the Lawrenceville, GA 30046 area of Gwinnett

⁴Personal Care Homes [http://www.georgia.gov/vgn/images/portal/cit_1210/23/53/32712784Personal%20Care %20Homes.pdf](http://www.georgia.gov/vgn/images/portal/cit_1210/23/53/32712784Personal%20Care%20Homes.pdf) (accessed February 26, 2012).

⁵Ibid.

County. This county boasts Gwinnett Medical Center, a state of the art hospital, businesses, educational and governmental facilities as well as recreational and cultural amenities and an international population.

The Context and the Money Follows the Person Initiative Grant

Shalom Manor Consulting has been privileged to manage the transitioning of residents from a nursing home under the Money Follows the Person initiative grant. This home provides supervision and watchful oversight for mentally disabled, developmentally disabled and elderly clients. It also affords help with activities of daily living, doctors' appointments, medication assistance, housekeeping, laundry services, and offers a plethora of activities. Residents are unrelated, not bedridden and they receive companionship as well as personal care.

Money Follows the Person (MFP) is a rebalancing initiative that was made possible by an eleven-year grant to states from the Centers for Medicare and Medicaid Services (CMS). This grant is designed to help individuals who are institutionalized in nursing facilities and intermediate care facilities (ICF) and for people with developmental disabilities to return to their homes and communities.

“The Georgia Department of Community Health (DCH) implemented Money Follows the Person on September 1, 2008. Through partnerships with the Department of Human Services, the Department of Behavioral Health and Developmental Disabilities, the Department of Community Affairs, and other state and local agencies and

organizations, DCH seeks to transition individuals from institutional settings back to the community.”⁶

“A health overhaul, signed into law in March of 2010, has extended the MFP Demonstration Program through September 30, 2016, and appropriates an additional \$450 million for each FY 2012-2016, totaling an additional \$2.25 billion. Most importantly, eligibility rules have been loosened, which has cut some of the red tape. Any remaining MFP appropriation at the end of each FY carries over to subsequent FY’s and is available to make grant awards to current and new grantees until FY 2016. Grant awards shall be made available to the State for the FY in which the award was received and for additional FY’s. As such, any unused portion of a state grant award made in 2016 would be available to the state until 2020.”⁷

While managing the transition of an elderly resident from a nursing home in Stone Mountain to Shalom Manor under the Money Follows the Person Initiative Grant, it was discovered that knowledge about the existence of the Grant was generally unknown. In addition, management at Shalom Manor Consulting believed that if it could formulate a simple systematic model, which would train family members of the eligibility requirements of the program, as well how to move their loved ones from the nursing home back into the community, there would be many advantages for all concerned.

It was discovered that many nursing home residents desire to transition to more personalized home settings. As of mid-2012, the MFP grant is operable in 45 states as well as the District of Columbia, and funds are available for eligible applicants to participate in this much-needed federal program. Shalom Manor Consulting is committed

⁶Georgia Government Facts http://dch.georgia.gov/00/article/0,2086,31446711_131673936_158019816,00.html (accessed February 26, 2012).

⁷Ibid.

to helping more nursing home residents and their families utilize the benefits of this grant to enjoy an enhanced quality of life with the resources that are being offered at this time.

Facts about Lawrenceville, Georgia

History and Geography

The city of Lawrenceville situated approximately 30 miles northeast of Atlanta is the oldest city in Gwinnett County. The adjacent counties to Gwinnett are Barrow, DeKalb, Forsyth, Fulton, Hall, Jackson, Rockdale and Walton. Eighty percent of the U. S. population is within a two-hour flight.⁸

Gwinnett County comprises 437 square miles. It is considered the gateway to metro Atlanta from north and northeast via Interstate 85 and Interstate 985. This county is home to 15 municipalities and minutes from scenic Lake Lanier.⁹

Lawrenceville is known as the Crepe Myrtle City and County Seat. It is celebrated for its Southern charm and is being branded as a revitalized central downtown district.¹⁰

It was created when legal documents passed through both state houses on December 15, 1821. This date is three years to the day after the creation of Gwinnett County. The city derived its name from Captain James Lawrence, the commander of the frigate Chesapeake. This was during a battle with H. M. S. Shannon on June 1, 1813 off the coast of Boston, Massachusetts. His dying words, “Don’t give up the ship” was so

⁸Facts About Gwinnet County <http://www.gwinnettcountry.com/portal/gwinnett/AboutGwinnett/FastFacts> (accessed February 26, 2012).

⁹Ibid.

¹⁰Visit Lawrenceville <http://www.visitlawrenceville.com/> (accessed February 26, 2012).

endearing to Gwinnett resident William Maltbie that he suggested naming the town in the captain's honor.¹¹

The City became deeply enmeshed in the Cherokee land grab in 1838. This ended in The Trail of Tears, which is the journey the Tribe took when men, women and children were taken from their land. They were given minimal facilities for their journey of a thousand miles. Human losses were extremely high and the Tribe cried along the trail. This is one of the gravest events of the city's history.¹²

Population Data

The 2010 census states that Gwinnett County had a population of 805,321. The total population in 2010 for Lawrenceville, GA 30046 was 34,874, while the total population for Georgia was 9,894,543, and the entire United States 308,455,134.

The forecasted population change by 2014 is 5.87% for Lawrenceville, 7.02% for Georgia and 4.52% for the United States.

Estimated 2010 population density (people per square mile) is 2,419 and the projected 2016 figure is 2,724.

According to the 2010 statistics, the male population in Lawrenceville 30046 was 50.79%, Georgia—49.68% and the United States—49.48%. The female population for the same period was 49.21% for Lawrenceville, 50.32% for Georgia, and 50.52% nationally.

¹¹Roadside Georgia <http://roadsidegeorgia.com/city/lawrenceville.html> (accessed February 26, 2012).

¹²Georgia History <http://ngeorgia.com/history/nghisttt.html> (accessed February 26, 2012).

The median age is very interesting for Lawrenceville, Georgia and nationally, being 30.70, 33.40 and 35.60 respectively.¹³ These statistics reflect an age group that does not fall in the old age category. These figures would affect the need for care for the elderly in personal care homes. However, there is a growing trend of residents in these homes being categorized with various disabilities, which crosses all age barriers.

Racial makeup: 2010 Population by Race and Ethnicity

	Lawrenceville GA 30046	Georgia	United States
White	59.11%	60.94%	71.91%
Black or African American	20.67%	29.01%	12.01%
American Indian and Alaska Native	0.69%	0.37%	0.98%
Asian	5.57%	3.01%	4.51%
Native Hawaiian and Other Pacific Islander	0.39%	0.11%	0.21%
Other	13.57%	6.56%	10.38%
Population Hispanic	18.70%	8.04%	16.05%
Population Non-Hispanic	81.30%	91.96%	83.95%

Race versus Ethnicity: According to the Census, race and ethnicity are considered two separate and distinct identities. Hispanic or Latino origin is asked as a separate question and categorized under ethnicity. In addition to their race and/or races, all respondents are categorized by one of two ethnicities, which are "Hispanic" and "Non-Hispanic."¹⁴

Hispanic Ethnicity: According to the Census, people of Hispanic origin, were those who indicated that their origin was

¹³Lawrenceville Demographics http://www.clrsearch.com/Lawrenceville_Demographics/GA/30046/ (accessed February 26, 2012).

¹⁴Ibid.

Mexican, Puerto Rican, Cuban, Central or South American or some other Hispanic origin. It should be noted that people of Hispanic origin might be of any race.¹⁵

For this zip code of 30046, the Non-Hispanic make up the greater part of the population with White and then Black or African American placing third. The Native Hawaiian and Other Pacific Islander make up 0.39%, being the smallest representative race in this zip code.¹⁶

Economic make-up of the 30046 zip code.

Data is provided by Remax Community Information for zip code 30046.

Community demographic data is provided by Geolytics, Inc. Information is deemed reliable but is not guaranteed. Household Income figures are based on total household income.

Household Income Estimated Values for 2011:

Median Income	\$50,747
Average Income	\$58,358
Per Capita Income	\$19,667

Household income estimated values for 2016 show a drop in median income of \$23,330 at an amount of \$27,417. Average income also shows a decline to \$56,908 and per capita income to \$19,092.¹⁷

Personal Care Home Fees

Data provided by the National Association for Home Care located in Washington, D.C. lists the numerous avenues through which payment is made for PCH services. “Remuneration ranges from ‘private pay’ by the client or family members, through

¹⁵Ibid.

¹⁶Ibid.

¹⁷Sonya Jones Sells Homes <http://www.sonyajonessellshomes.com/remaxga/modules/internet/neighborhood/communitymain.asp?zip=30046&type=print> (accessed February 26, 2012).

various public and private sources. Public third-party payers include Medicare, Medicaid, and the Older Americans Act, the Veterans Administration, and Social Services block grant programs. Some community organizations, such as local chapters of the American Cancer Society, the Alzheimer's Association, and the National Easter Seal Society, also provide funding to help pay for home care services. Private third-party payers include commercial health insurance companies, managed care organizations, CHAMPUS, and workers' compensation. It should be noted that Hospice care generally is provided regardless of the patient's and/or family's ability to pay.”¹⁸

The author knows first-hand that the dream to *get out* of the nursing home is the cry of many residents. This Project will educate family members as well as eligible nursing home patients that they can transition back in a home setting or into the community. Through developing relationships and instructing involved parties, Shalom Manor Consulting will demonstrate how participants can utilize the benefits of the MFP Program. The goal is directed towards the patient's ultimate enjoyment of a greater quality of life.

The Problem Statement

A great number of the nursing home population dream of transitioning back to home and community-based living. Many people with family members in nursing homes are unaware that there is a federal grant, which can assist in this repositioning. This Initiative Grant, Money Follows the Person (MFP) can assist eligible residents to live and function outside nursing homes.

¹⁸NAHC <http://www.nahc.org/consumer/wpfhcs.html> (accessed February 26, 2012).

In “State Residential Care and Assisted Living Policy: 2004”, Mollica, Johnson-Lamarche and O’Keeffe expounds on the regulatory provisions and Medicaid policy for residential care settings in all 50 states and the District of Columbia. An overview is provided of residential care and assisted living policy. It is stated that residential care is an important long-term care service option particularly for individuals who cannot live alone but do not require the skilled level of care that nursing homes provide. This is where the MFP grant can offer solutions to place these residents who wish to transition to community-based care, thereby affording them a richer and vibrant lifestyle.¹⁹

Even though the Money Follows the Person program is an ambitious effort on the part of the federal government to save substantial millions of dollars for Medicaid, most states are moving slowly for various reasons. Mathematica Policy Research, a Princeton, New Jersey-based think-tank has been evaluating the program for the federal government. Some of the issues are, finding affordable housing, resistance from nursing homes, stringent federal rules that limit who is eligible and the types of community settings where they are permitted to move.²⁰

Synergy

In preparing this Synergy Paper and identifying recurring themes in both the author’s Spiritual Autobiography (SA) and Contextual Ministry (CM), several attributes overlap. Indisputably, the main theme is serving and evangelism.

¹⁹Robert Mollica, Johnson-Lamarche, Robert, Heather O’Keeffe, Janet, *State Residential Care and Assisted Living Policy:2004* (Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation April 2005), 1.

²⁰Money Follows the Home <http://alzheimersweekly.com/content/money-follows-person-home-home> (accessed April 4, 2012).

As a child of about 7 years old, the author attended Bermondsey Central Hall, a Methodist Missionary Sunday School. This church is still located in Bermondsey, in the Borough of Southwark, in London, England. At the time, she participated along with her sister who was about 8 years old, in recruiting church members as weekly sponsors of missionaries overseas.

Each Sunday, they approached the sponsor and gave them a small photo of a smiling baby's face, which they tore out of a little booklet named *Sunny Smiles*. The sponsor in turn gave them the agreed upon amount of sponsorship. The girls then turned in the money to the person in charge of that ministry. Obviously the writer did not know her future, but today she sees the common thread in her life of service and even overseas missions.

The author later attended a Baptist Church when her family moved to Clapham Common, in south London. Here too, she served with her sister in the Girls' Life Brigade, known as the GLB. This organization was also global. The motto of the Girls' Life Brigade is "Seek, Serve and Follow Christ" and its aim is "To help girls become followers of the Lord Jesus Christ and through self-control, reverence and a sense of responsibility to find true enrichment of life".²¹

The desire to serve in international ministry came about many years later, when as an adult the writer answered the call to go to South Korea as a Missionary/Teacher in a Christian language institute. This aspiration of serving increased from the time she promised the Lord to be His servant for a contractual year, (which eventually turned into two years) whether duties assigned were within or outside of her comfort zone.

²¹Girls Brigade, http://en.wikipedia.org/wiki/Girls'_Brigade (accessed February 12, 2013).

There were many rewards of service on the mission field, both tangible and intangible. The greatest compensation was seeing students take a stand for God and develop in their knowledge and belief in God. There were countless rewards also in experiencing the growth in the spiritual depth of the missionary team.

God moved the unknowing author into a graduated phase of service when she abruptly returned home to Ft. Lauderdale to care for her ailing mother who had suffered a debilitating stroke. The writer cried out to the Lord when the journey became rough, arduous and confusing, but she continued to honor with devoted and committed service.

Did she believe it was the will of God for her to provide this care giving? Yes. Did she understand why the job was given to her, even though there were several other siblings and relatives who she felt ought to help? At first, the answer was no. God revealed God's plans further down the road. God was creating a future testimony from a present test. He brought the team and resources together to provide the necessary care for the needs of her mother's care giving and harnessed many other provisions along the way. As the writer voiced and accepted the responsibility as a tribute, God orchestrated a long-term ministry and business out of the ostensible misfortune.

Through this experience, God gave the author a state-licensed Personal Care Home where along with aides, she manages Shalom Manor Consulting and Shalom Manor PCH, caring and assisting the mentally disabled. She feels blessed to care for the needs of others and in doing so she is compensated. She refers to this establishment as her *Ministry/Business*. She rarely has a vacancy and the home enjoys a good reputation within the community. Her adventurous spirit and love for enjoying life allows her to plan excursions and activities that offer enrichment to the clients in her care.

Before the call to go to South Korea, the author had successfully spent several years in the business world. The grace began to wane blatantly in this arena and the author could feel the anointing lift. No longer was this type of work enjoyable. Obviously, God had finished here for the time being, and was moving the author into a brand new sphere. Today, God allows her to use the organizational skills honed to execute her life's work efficiently.

The fearlessness to relocate and enjoyment of travel also play an important part in her present occupation and ministry. She knows that this is an attribute given early in life. This desire was sparked by her family's migration history, for the future global evangelism that God has laid on her heart.

God brought the author triumphantly along this path. When the parental care giving assignment was completed, God allowed her to glimpse the advertisement on the KCM website of the prospect to study for a Doctorate in Ministry at United Theological Seminary. She had been searching for a seminary for a few months. She feels she is in a wealthy place in spite of the obstacles and hard choices that she often faces on this path. However, to glean on the past just reminds her that God always comes through in God's way and in God's time.

The author's Context in Ministry demands servanthood. The theme was identified because as the spiritual autobiography and ministry context were being prepared; there was a definite common thread of serving others.

The author presently serves in the Nursing Home Mercy Team Ministry of Victory World Church, a non-denominational church in Norcross, GA. She feels tremendously blessed to be able to minister at Sunrise Assisted Living Facility in

Gwinnett County, one of the church's Mercy Team's locations, along with another nursing home minister. She especially enjoys singing songs with the residents, adding body actions, to which they respond with fervor. She believes this takes many of them back to their happy Sunday school childhood when they actually sang these choruses and songs.

Prayer is also offered, and well received by each resident. The Bible is read for the patients in the Alzheimer's unit, under the premise that God's Word does not return void. All ministries ultimately involve service to others. Jesus was the greatest servant of all. In serving others, especially those who have feeble voices, we endeavor to become more like Jesus.

CHAPTER TWO

THE STATE OF THE ART IN THIS MINISTRY PROJECT

Today, countless members of society's aging are involved in choosing their care and quality of life. Although there are several types of care institutions available, life for a large sector of the population culminates in nursing homes.

Who is responsible for the elderly, the family, the church or the government?

Chapter Two reviews the highlights of literature utilized to substantiate the hypothesis of this ministry model. This chapter covers areas such as the history of the nursing home and homecare, the biblical foundation and actual conduct of family caregiving, and the response of the church and the government towards the elderly. Churches that add nursing home ministry to their outreach programs are attempting to meet the needs of this fast-growing sector. They are also adhering to God's instructions regarding caring for our needy aged.

This model of ministry demonstrates a systematic plan of action for utilizing the Money Follows the Person Initiative Grant to transition eligible nursing home residents back to the community. Family members, who are trained on the rules to receive assistance and benefits from MFP, will be knowledgeable in using the grant to assist loved ones to move from institutionalized care to the community. Even though we have a fairly good working system here in the United States, freedom in choosing how residents' care dollars are consumed highlights the necessity for the MFP program.

The need arose for the MFP Initiative because the federal government sought to close the deficit in the Medicaid and Medicare budget. Funds paid to nursing homes for Medicaid residents are astronomical. These costs can be reduced if residents who are eligible for placement in other settings outside of the nursing home agree to move.

The narrative analysis covers literature that validates issues associated with the ministry model. This chapter also explains the historical journey of eldercare, biblical examples of honoring the elderly, as well as theological behavior in the church. Nursing home origin through Medicare legislation, enacted in 1965 is examined, along with the cultural treatment and expectancy of caregiving.

The areas examined for this review are:

A. Historical Foundation References

American Almanac Collection, The Brooklyn Daily Eagle
Almanac of 1913

No Place Like Home: A History of Nursing and Home Care in the
United States

B. Moral Concerns in Caring for the Elderly

The Black Elderly: Satisfaction and Quality of Later Life

The New Old Age - Caring and Coping - White Flight from the
Nursing Home

Care giving: A Guide for Those Who Give Care and Those Who
Receive it

Assisted Living: Needs, Practices, and Policies in Residential Care
for the Elderly

C. Biblical Foundation References

Seasons of Friendship - Naomi and Ruth as a Model for Relationship

D. Theological Foundation References

Aging, Spirituality, and Religion, A Handbook

Older Members, Church Home, and Congregational Change: 'We Worked and Worshipped in This Home for Years and Now You Say We're not Important...?'

Historical Foundation References

American Almanac Collection, The Brooklyn Daily Eagle Almanac of 1913

In the early 20th century, The Brooklyn Daily Eagle Almanac printed a listing of available homes for the aged in New York. The wording for these ads was most interesting. Today in the United States, these ads would be censored because of the human rights and resident rights laws that have been enacted. These ads had very explicit wording. Requirements for applying for housing in these homes demonstrated discriminatory practices in areas of race, religion, gender and age.

Ads actually invited persons of certain religions such as Baptist, Presbyterian, Reformed Dutch, Hebrew, Catholic and Methodist Episcopal to apply. Of course, in their defense, respective church institutions governed these homes. Residents were also referred to as "inmates". A particular Presbyterian Home for Aged Women actually listed "Colored persons not received" in its advertisement.¹

¹American Almanac Collection, *The Brooklyn Daily Eagle Almanac of 1913* (Brooklyn, NY, Office of Publication, 1913), 208-209.

With regard to the MFP model, elder care has come a long way. Church organizations still operate organized homes for the aged. An example of this type of home is Augsburg Luther Home and Village in Baltimore, Maryland. Today, the government and resident laws include a Bill of Rights that protect the public and regulate nursing homes. Because of Medicare and Medicaid funding, laws that protect against discrimination must be observed. Today institutions are monitored, and inspectors are dispatched to randomly investigate and report violations.

The Augsburg Home model was founded on helping needy, orphaned minors. Today after operating for over 100 years, this upscale retirement community has become a home for seniors. It promotes spiritual and physical health, but its exorbitant fees beginning from \$262 dollars per day debars the typical residents on Medicaid in nursing homes who would be eligible for the MFP Grant.²

No Place Like Home: A History of Nursing and Home Care in the United States

Nurse and historian, Karen Buhler-Wilkinson in *No Place like Home: A History of Nursing and Home Care in the United States*, writes about the history of organized homecare, expounding on events from 1800 to the enactment of Medicare legislation in 1965. Both these forms of care have gone through much change from the 19th century through the Medicare regulation to the present. A major conversion considering the circle of potential caregivers is shrinking while the potential care receivers are increasing. Who will fill this void?³

²Augsburg Lutheran Home and Village <http://www.augsburg.org/> (accessed April 27,2012).

³Karen Buhler-Wilkinson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore, MD: The Johns Hopkins University Press 2001), 180.

In commenting on *No Place Like Home*, the publisher questions why home care, despite its potential as a cost-effective alternative to institutional care, remains a marginalized experiment in caregiving.⁴ Buhler-Wilkerson traces the history of home care from its nineteenth-century origins. There were organized visiting nurses' associations, through a time when professional home care nearly disappeared. Physicians made home visits also. In the 1960s, a new trend of home care surged as physicians, hospital managers, and policy makers responded to economic mandates.⁵

Money Follows the Person in the 21st century responds to policy makers in order to decrease the Medicaid deficit, and also meets the needs of nursing home residents who are eligible to live in the community with the resources offered by the program. If family members cannot receive the resident desiring transitioning from the nursing home, MFP provides assistance for alternative placement. Private apartments as well as state licensed personal care homes are approved by MFP guidelines to participate in placements.

Nurse Buhler-Wilkerson connects “local ideas about the formation and function of home-based services to national events and health care agendas, and she gives special attention to care of the dangerous sick, particularly poor immigrants with infectious diseases, and those she refers to as the uninteresting sick who have chronic illnesses”.⁶

Both domestic obligation and public policy must be examined to arrive at an acceptable solution. As the aged population expands and extended family for several

⁴Trade paper, <http://www.powells.com/biblio?show=TRADEPAPER:NEW:9780801873188:30.25> #synopses and reviews (accessed April 27,2012).

⁵Buhler-Wilkinson, *No Place Like Home...*,180.

⁶Tbid.

reasons will not or cannot accept responsibility for their elderly, the nation's old and needy are being put at risk.

People are living longer and with this fact, provision must be made for appropriate healthcare, holistic forms of eldercare and programs that respond to the needs of this populace.⁷

Shorter hospital stays have become a staple in the managed health care system. This has placed more pressure on families who must substitute care even though the hospital is better equipped to nurse the patient back to health. This situation becomes a revolving door, as there is greater risk for the patient to return to the hospital, thereby causing both physical and emotional distress.⁸

Technological advances and broader medical knowledge are miraculously saving the lives of people who previously would not have survived. However, these patients may not be fully recovered when they are discharged from the hospital. Continuing technical support, consistent nursing care, additional rehabilitative efforts, and on-going reliance on outpatient follow-up visits place pressure on the unskilled family member, who may not be able to cope.⁹

Family caregiving over the years has gone beyond concerns about insurance, financing, personal grooming, companionship and food preparation. Services required by those returning from the hospital include tasks such as managing medication, operating technical apparatus, changing dressings and physical body transfers. This gets more

⁷Ibid., 181.

⁸Ibid.

⁹Ibid.

complicated if the patient and the caregiver are aged. The services once provided in the hospital by trained nurses, now becomes the family's responsibility.¹⁰

Moral Concerns in Caring for the Elderly

The Black Elderly: Satisfaction and Quality of Later Life

In a Haworth Press Publication, *The Black Elderly: Satisfaction and Quality of Later Life*, Marguerite Coke and James Twaite reveal the results of a study of elements that influence the welfare of elderly African Americans¹¹ This study explores how the cultural and race differences influence the accessibility of natural support systems in certain communities.¹²

Coke and Twaite suggest that health concerns, life satisfaction and obstacles of poverty need to be examined in order to establish the best approach in meeting the needs of the elderly. Two factors affecting life satisfaction are church activity and family role interaction.¹³ These authors also present a study of factors that influence the well being of elderly African Americans. Similar to older individuals in industrialized countries; aging blacks experience negative opinions toward the elderly. Older black minorities have developed coping tactics that have been effective in handling old age.

Study of the black elderly is of interest to scholars in social work, gerontology, African-American studies, and anthropology, as well as persons interested in cross-

¹⁰Ibid., 182.

¹¹Marguerite M Coke, Twaite, James A., *In The Black Elderly: Satisfaction and Quality of Later Life* (Binghamton, NY: The Haworth Press, Inc. 1995), x.

¹²Ibid.

¹³Ibid., x.

cultural aspects of counseling and gerontology. Research and insight examines areas such as history, church, family and health. This study hopes to reveal these coping strategies in order to encourage healthy aging in the black community.¹⁴

In order to increase the individuals who are interested in utilizing MFP to transition from nursing homes, this study is helpful in understanding the distinct cultural differences in our society. We have become a diverse culture. In order to understand not only African American blacks, but also blacks from other cultures that have graced our shores, our social policies must be updated and revised.

The study also revealed that black respondents were significantly more likely to retort to prayer in difficult situations than their white counterparts were. Prayer was the modal self-reported coping modality among black respondents.¹⁵ Gibson stated his findings proved that the suicide rates among elderly black women were the lowest of any elderly group. Elderly white males have the highest rate. Of course, the elderly black women reported coping through the use of prayer.¹⁶

As a bolster to the Coke and Twaite's study, a New York Times publication of Friday, November 9, 2012 entitled *The New Old Age – Caring and Coping White Flight from the Nursing Home* by Paula Span addresses changes in older Americans living in nursing homes. Researchers from Brown University have tracked this chief change in long-term care. Their findings show that although the number of residents in nursing

¹⁴Ibid., ix.

¹⁵Ibid., 5.

¹⁶Coke and James, *In The Black Elderly Satisfaction...*, 6.

homes continues to fall, the proportion of residents who are Black, Hispanic or Asian is increasing acutely.¹⁷

The findings of this article are eye opening. The Black story explains that advocates have appealed to the federal government for years to bolster substitutes, so less elderly persons have to live and die in nursing home institutions. Ms. Span states that nobody really wants to be in these homes and historically, the elderly have chosen to live at home as long as it is viable. She continues that the system has been misaligned, in that Medicaid paid for nursing home care, but “was much stingier about underwriting home care, assisted living and other options.”¹⁸

This state of affairs has advanced Medicaid to channel more funds away from institutionalization and into home and community programs. The term is known as *rebalancing*. This is succeeding. In 2008, Medicaid allocated 42 percent to long-term care for home and community programs. In 1995, this proportion was more than double that amount.¹⁹

Dr. Zhanlian Feng, of the Center for Gerontology and Health Care Research at Brown University declares, “It’s been a gradual 20 to 30-year effort, and the pace is getting faster.”. This rebalancing is partially why the country’s nursing home population has dropped to 1.2 million residents in 2008 from 1.6 million in 1990.²⁰

¹⁷Paula Span, *The New Old Age—Caring and Coping: White Flight from the Nursing Home* (New York Times, November 9, 2012), available from <http://newoldage.blogs.nytimes.com/>, (accessed November 8, 2012).

¹⁸Ibid.

¹⁹Ibid.

²⁰Ibid.

Dr. Feng cited that The Institute on Medicine and civil rights alliances raised much interest about deficiencies in accessibility to nursing homes for senior minorities. However, from 1999 to 2008, Asian and Hispanic nursing home residents soared by more than 50 percent, while Blacks grew by 10.8 percent. This still displayed a “disparity in disguise”.²¹

Along with his collaborators, Dr. Feng explored essentially all federal data on residents in nursing homes that receive Medicare and Medicaid. Their discoveries, just published in the journal of Health Affairs, indicate some disconcerting advancements. “Whites are aging as well, but you’re not seeing more of them in nursing homes.” “Their numbers are declining,” asserts Dr. Feng. The team’s findings indicate that the growth in minority nursing home residents outperformed the growth in the nation’s minority population overall. Over the decade from 1999 to 2008, the proportion of white residents dropped 10.2 percent. Feng stated that the study resolved that whites have more choices than that of their minority counterparts.²²

Interestingly, in his native China, Dr. Feng has seen a similar shift. He observes that the statistics could possibly be imitating cultural adjustments. As immigrant communities acculturate, they are less able to continue the practice of caring for parents in multigenerational households. Countless events are presented that undermine those traditional family options.²³

This article concludes with Dr. Feng proclaiming this finding as a “Good News-bad news story, in which minority seniors get stuck in the institutions that whites have the

²¹Ibid.

²²Ibid.

²³Ibid.

means to avoid. “I’m struck by this persistent disparity,” Dr. Feng said. “It looks like we’re making some progress, but not really. The disparities are still there and are deeply rooted in history, geography, segregation and socioeconomic differences.”²⁴

In light of this study and *The Black Elderly: Satisfaction and Quality of Later Life* publication, the MFP model seeks to address and remedy the issue for all races in nursing homes that seek transition. The resources afforded by Money Follows the Person can be helpful in giving minorities a choice to escape the inequalities of nursing home and institutionalized long-term care.

In the *Black Elderly* publication, statistics prove that race does affect utilization of services for health, housing, insurance coverage, and nursing home care. The study intimates that ineffectual housing and disfavored health are connected to low levels of education and earnings, and also that elderly blacks enjoy a different level of health than their white counterparts.²⁵

In addition, this review on the *Black Elderly* observed that chronic medical hindrances characterizing senior blacks might be connected to psychological depression. The advantage is notwithstanding cultural obstacles. Several researchers advocate that this segment tends to express valuable coping strategies, which are used to reduce stress connected with their depravity.²⁶

Mui and Burnette claimed that the white population utilized more in-home and nursing home services, while minorities use more helpers that are informal. Belgrave,

²⁴Ibid.

²⁵Coke and James, *In The Black Elderly: Satisfaction...* 2.

²⁶Ibid., ix.

Wykle & Choi, asserted that this variance in the use of these services is cultural. However, this is often assumed rather than demonstrated. Other researchers, Lee, Peek and Coward discovered that minorities' expectancy for assistance from their children was considered more normal than what was expected from senior white parents. Anything short of caring for their elders at home and using other services was considered a failure for the African American caregiver. There was a definite difference in accepting responsibility and liability for care in the Black community, and a distinct cultural dissimilarity between these racial groups.²⁷

Moral Concerns in Caring for the Elderly

Caregiving: A Guide for Those Who Give Care and Those Who Receive it

This publication on care giving covers today's reality and moral issues. It bears light on the emotional wrenching experienced by family members. In the case of Mrs. Frank, her daughter struggled with what many children wrestle with today. Often guilt is confronted in reaching the hard decision to place mom or dad in a nursing home.

Caregiving can prove very debilitating for the caregiver. This guide for the giver and receiver of care is very prolific. Victoria Bimagin and Kathryn Hirn focus on the various facets of the caregiving experience from the caregiver's perspective to those who receive care.²⁸

²⁷Ibid., 6.

²⁸Victoria E. Bimagin, Hirn, Kathryn F., *Care giving: A Guide for Those Who Give Care And Those Who Receive It* (New York, NY: Springer Publishing Company, Inc. 2001), 196.

When In-Home and Community Services are not Enough

As the impairment of the patient increases, family caregivers, in-home and community services become inadequate. Especially in cases of cognitive deficiencies, the resident's total care may become too much for home help. Care will become critical instead of independent or assisted care. Even the most extensive array of services or housing options may eventually prove insufficient. Especially in cases of cognitively impaired persons, there is the likelihood that, whatever the resident's housing, a potential succession of helpers may need to be added to continue the resident's so-called independent living.²⁹

When in-home caregivers find it too difficult to deal with their patients' behavior, or family caregivers conclude that the social, emotional, and economic costs of care have exceeded their capacity to give, or housing managers express ever-increasing concerns about the safety of a resident, nursing home placement may be the only remaining answer.³⁰ The decision to move a loved one to a nursing home can be a harrowing experience. This can escalate when the resident needs increased skilled nursing and other professional bolstering due to increased physical, mental or psychological devitalization.

For the patient who participated in the benefits and utilized the resources of the MFP federal grant, further transition from a personal care home, family home or more independent housing back to the nursing home can produce hopelessness and dejection. Therapy may be necessary once the resident returns.

²⁹Ibid.

³⁰Ibid.

For those who can no longer be cared for at home or in the other residential facilities described above, nursing homes provide skilled nursing care and other professional support services for those of reduced mental and/or physical abilities. Most often, the move to a nursing home is prompted by a change in the support system on which the dependent person had previously relied.³¹

Helen Frank's story is a case study that Bimagin and Hirn cite to explain their case for guiding those who give care. This account shows how changes in care is evaluated and upgraded, as requirements for the patient escalates.

Helen Frank, age 74, lived in her own apartment, which she shared with her older sister. Then the sister became ill and required constant care. That left Mrs. Frank uncharacteristically gloomy, and her daughter noticed that she was often not dressed or groomed appropriately. A comprehensive diagnostic assessment determined that although Mrs. Frank was somewhat depressed, her chief problem was a mid-stage dementia. Her inability to care appropriately for herself and her home only became evident when her sister, who had been acting as her memory and homemaker, was no longer there to camouflage Mrs. Frank's dementia symptoms.

The family tried several service approaches to manage Mrs. Frank's care. Enrollment in a day care center, which provided pick-up and delivery bus service, required the hiring of a part-time companion to get Mrs. Frank through her morning routines so that she would be ready to meet the bus. As the dementia progressed, however, Mrs. Frank became more confused about when the companion was coming, who she was, and on what days she was to meet the bus.

Reluctantly, the family decided that Mrs. Frank could no longer remain in independent living, and they could not afford full-time help. The only feasible solution appeared to be nursing home placement. The daughter wept over this decision and was sure her mother would hate it. To everyone's surprise, Mrs. Frank did not. She enjoyed her roommate, charmed the staff, and seemed unaware that she was not in her own home.³²

³¹Ibid., 197.

³²Ibid.

Strangely, although the nursing home was the costliest of all the options presented to the family, it proved to be the most inexpensive as the state offered a subsidy for nursing home placement. This subsidy however was not provided for home care. When deliberating caregiving arrangements, financial factors are important. The assistance of the nursing home finance administrator can be very helpful in arriving at a manageable solution. The cost of care for severely impaired persons can be particularly high, not only because of the length of the illness, but also because even in a nursing facility, special supervision at additional fees may be required.³³

In this case study, Money Follows the Person could help Mrs. Frank transition to a PCH after three months as a resident in the nursing home and if she had Medicaid. She would receive twenty-four hour a day watchful oversight, assistance with her activities of daily living, medication management and interaction with other residents on a smaller scale than the nursing home.

Moral Concerns in Caring for the Elderly

Assisted Living: Needs, Practices, and Policies in Residential Care for the Elderly

J. Kevin Eckert, Ph.D., is a widely recognized leading expert on board and care. He is also a professor in the Department of Sociology and Anthropology at the University of Maryland, Baltimore County, as well as a co-author of the text *Small Board-and-Care Homes: Residential Care in Transition*.

Sheryl Zimmerman, Ph.D., is an associate professor at the School of social work as well as co-director and senior research fellow of the Program on Aging, Disability, and

³³Ibid.

Long-Term Care at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. She has conducted numerous research projects directly studying nearly ten thousand residents of long-term care settings and has published widely.

Philip D. Sloane, M.D., M.P.H., a geriatrician with a broad clinical background in long-term care, is an Elizabeth and Oscar Goodwin Distinguished Professor in the Department of Family Medicine at the University of North Carolina at Chapel Hill. She also co-authored the text *Dementia Units in Long-Term Care*.

These three experts have come together and penned, *Assisted Living: Needs, Practices, and Policies in Residential Care for the Elderly*. The study explains the types of residential care available, and supervises the selection while contemplating the upswing anticipated in long-term care for the elderly.³⁴

The elderly who will require long-term care will double over the next two decades to 14 million. Assisted living facilities (ALF) have become prevalent as a choice for long-term care residents. This mode of elderly housing lies between nursing homes and community-based care. It also downgrades the variance between recipients of long-term care in one's own home and in an institution.³⁵

This resource book is based on a study of assisted living facilities in the four states of Florida, Maryland, New Jersey and North Carolina. The investigation covers their description, the resident's needs and the services provided in each facility. There is also special focus on dementia care as one-third to two thirds of ALF residents is

³⁴Sheryl Zimmerman, Sloane, Philip, Eckert, J. Kevin, *Assisted Living: Needs, Practices, and Policies in Residential Care for the Elderly* (Baltimore, MD: The Johns Hopkins University Press 2001), 1.

³⁵*Ibid.*, 1.

cognitively impaired. The evolution of long-term care and the upcoming route and implications of assisted living is also discussed.

State Departments of Aging offices and administrators of eldercare programs use this book as an excellent resource for those involved in caring for the elderly and impaired. It provides a good definition of the types of residential care available, and guidelines for selecting appropriate facilities. This resource serves as a guide for consumers and their families, and assists in improving healthcare and quality of life for the elderly. Policy makers, practitioners, owners, providers, investors, researchers and students also find this publication helpful in decision-making.³⁶ In addition to the efforts of the authors, experts from various disciplines at the state, federal, and private levels establish this work.

Biblical Foundation References

Seasons of Friendship - Naomi and Ruth as a Model for Relationship

In order to effect transition of a nursing home resident to the community through the MFP Grant, there must be an advocate on the outside. The nursing home resident in most cases cannot self-campaign. Ruth can be likened to the advocate and Naomi—the mother-in-law, the institutionalized resident pursuing freedom. Ruth came to Naomi's rescue. She promised to follow the elder woman wherever she would go.

The two expository accounts on *Seasons of Friendship, Naomi and Ruth as a Model for Relationship* and a text addressing moral responsibility of care, taking the

³⁶Ibid., xi.

elderly based on Confucianism perspectives are encouraging, considering twenty-first century neglect of the aged.

“Confucianism is a Chinese philosophy which is centered on the concept of Xiao, or filial piety. The core of this morality rests on a right understanding of how children ought to treat their parents. This teaching states that children have a clear moral obligation to care for their parents. This is considered the highest virtue and is written into various aspects of Chinese civil law. Asian cultures tend to have a great emphasis on care for the elderly, so the Confucian mindset is not viewed as the child being unjustly inconvenienced in caring for an ailing parent.”³⁷

The Catholic Catechism based on the Ten Commandments states that the fullest interpretation of the Fifth Commandment is that children would provide care for their parents when they are in their old age. This is preferable even to social programs that might bear the burden.³⁸

Like the Catholics, Evangelicals receive their sense of moral obligation from Bible coaching. The Good Samaritan parable proves the most appropriate text regarding caring for the weakest members of humanity. “Evangelical’s like the Catholics also receive their sense of moral obligation from the teachings of the Bible. The Book of James communicates the practice of care for widows and orphans.”³⁹

The biblical story of Ruth and Naomi draws a parallel to the Confucian text and Bible scriptures. Bankson explores lessons to be learned from the relation and friendship

³⁷Moral Responsibility http://www.ehow.co.uk/info_8130845_moral-responsibility-care-elderly.html#ixzz1aOHU90w3 (accessed September 12, 2011).

³⁸Ibid

³⁹Ibid

that outlasts everything. The author proposes that we need different kinds of friendships in various seasons of our lives. The four seasons are portrayed *Seasons of friendship with God*. The concluding chapter presents a unique perspective on the Book of Ruth as a parable of our friendship with God.⁴⁰

In Marjory Bankson's, *Ruth and Naomi as a Model for Relationship in Seasons of Friendship*, the writer explores "spring as a season of birth and nurturing new growth. Summer signifies the season of change, when friends stretch our individuality. Autumn represents the season of integration, when friends confirm our changes, and winter, the season of solitude, when friends walk with us in silence".⁴¹

"Concerning the winter juncture, a loved one can assist by applying the MFP model to extend life back to the season of spring in order to recreate and extend vibrancy of living. Bankson expounds on her philosophy by explaining that spring is a season of *we*, feeding and finding ourselves; being closer than family. Summer is further described as a season of *I*, leaving home, being separate, and searching for soul food, while autumn is a season of *us*. Autumn is described as a matrix of family and friends, celebration, tradition, community, rituals and roles. The next season, winter is a season of *me*, of grief, solitude, and silence, drawing on reserves and dimly felt."⁴²

⁴⁰Marjory Zoet Bankson, *Seasons of Friendship Naomi and Ruth as a Model for Relationship* (Minneapolis, MN: Augsburg Fortress 2005), 16-17.

⁴¹Ibid., 23.

⁴²Ibid.

Theological Foundation References

Aging, Spirituality, and Religion: A Handbook

This book examines how aging persons within an aging society experience religion and spirituality. Of particular importance is the welfare of the caregiver.

According to Marty Richards' contribution in the book, *Aging, Spirituality, and Religion: A Handbook*, edited by Melvin Kimble, and Susan McFadden, "Caregiving is defined as providing material, financial, emotional, and spiritual assistance to elders. The caregiver and the care receiver may or may not be related by blood or marriage. Some caregivers are from the religious community."⁴³

To provide help for any activities of daily living (ADL) such as grooming, feeding, meal preparation, yard work, shopping, or emotional and spiritual aid, is considered caregiving. An older man caring for his wife who has experienced a stroke may have to learn to cook for the first time. On the other hand, a woman caring for a husband who took care of all family finances may have to write checks for the first time in her marriage.⁴⁴

Most caregivers are women. Caring for an older disabled person often costs enormous emotional, physical and financial sacrifice. The caregiver who is an active member of a community of faith will benefit if support is solicited from the congregation. As the task becomes overwhelming, the caregiver must be willing to ask for help.⁴⁵

⁴³Melvin Kimble, Susan H. McFadden, *Aging, Spirituality, and Religion, A Handbook* (Minneapolis, Minnesota, Fortress Press, 1995), xxi.

⁴⁴*Ibid.*, 180.

⁴⁵*Ibid.*

Despite the fact that many elders and caregivers could benefit from assistance in their worshipping community, it is often the last place from which many would think to ask for aid. Families may not want those to whom they relate at church to know what is really happening. Moreover, they may have misguided ideas about independence or protecting their loved one from uncomfortable situations. Congregants may not be willing to let those from their religious community into their private lives. Sometimes persons in their community of faith may not understand what caregivers are facing and they do not know how to be helpful. There are both challenges and opportunities for faith communities to learn about the caregiving issues and how best to help in dealing with such concerns.⁴⁶

“A particular story illustrates an unfortunate typical situation in many congregations. As a very active member of First Church, Sylvia was known as someone who could be counted on to assist others in crisis. Yet, since her mother moved in with her two years previously, Sylvia had been struggling with her mom’s ill health. Her mother’s dementia was progressing, and it was becoming increasingly difficult for Sylvia to care for her. Reluctantly she had made arrangements for her mom to move to an adult family-care home near her own home.”⁴⁷

One Sunday shortly after the move, Sylvia sadly shared her story in an adult education class that focused on older adults’ needs. Mary, an active congregant herself, was stunned. She had considered herself Sylvia’s friend, yet she had no idea of Sylvia’s

⁴⁶Ibid., 181.

⁴⁷Ibid., 180.

difficulties. Although congregations can be a source of support, at times they are also places where judgments abound.⁴⁸

“Her exasperated pastor, who also attended the class, privately asked the class facilitator: ‘How am I supposed to provide spiritual support or any other help to families when I do not even know what is going on? I am not a mind reader’! Sylvia, her mother, and this congregation illustrate the dilemma faced by religious communities as they try to assist caregivers. Caregivers may be reluctant to share their concerns, and the faith community may be perplexed as to how to respond.”⁴⁹

Lois D. Knutson wrote a segment in *A Handbook on Aging, Spirituality, and Religion*, entitled “Pastoral Care of Elders and Their Families”. She states, “As senior adults and their families discern the spiritual meaning of their lives, pastoral care helps them to remember that the God who was with them in the past continues to be with them in the present and promises to be with them in the future.”⁵⁰

Although this is very typical in our current society for persons of all ages, those who have lived beyond the expected responsibilities of parenting and career are left in what Viktor Frankl called an existential vacuum. This phrase described in Frankl's *Man's Search for Meaning*, denotes an enduring, pervasive pattern of existential frustration, where one experiences one's life as being mostly empty and meaningless.⁵¹ Elderly people need to have some reason to live.

⁴⁸Ibid., 181.

⁴⁹Ibid.

⁵⁰Kimble and McFadden, *Aging, Spirituality, and Religion, A Handbook* (Minneapolis, MN: Fortress Press, 1995), 208.

⁵¹Ibid., 242.

As these goals are implemented on both the visitation level and programmatic level of senior-adult ministry, pastoral caregivers need to initiate ministry with aging persons and families rather than wait for them to ask for help. Just as structured ministry is developed and offered to congregational members in areas of worship, youth, education, and social ministry, so too ministry with aging persons and their caregivers needs to be planned and implemented.

Such a caregiving ministry does not just happen! If it is not prioritized through intentional planning, it may only occur when and if there is time. Consequently, it may fall through the cracks of the pastor and congregation's schedule. Ministry for elders and their families must be given the first fruits of pastoral care rather than the left over time. As baby boomers age, (and sometimes retire early) they will demand high quality, meaningful, structured ministry for themselves and their aging parents.⁵²

In relation to the Money Follows the Person project model, it is so important when the transition of a loved one from the nursing home to home care is being planned, for the church to be sensitive to the needs of the family. The caregiver needs to feel comfortable in order to be transparent with the Church leadership and congregation regarding the plight of the family.

As in the First Church illustration involving Sylvia, the pastor was very unaware of what was taking place in this member's life. Even when the nursing home resident is institutionalized, it is the responsibility of the relative to advise the place of worship of the family's needs so the church is given an opportunity to respond.

⁵²Ibid., 208.

Older Members, Church Home, and Congregational Change:
We Worked and Worshipped in This Home for Years
And Now You Say We're Not Important...

In this Journal, Dr.'s Susan Wortmann and Susan Schrader reveal the sentiments of the aging congregation of Bountiful Redeemer Church. In light of the Doctrine of the Church, this institution is built on the teachings of Jesus. We are to take the message of God's saving grace, compassion and love to others outside as well as inside the walls of the sanctuary. The church is within each person. Augustine classified the church as a hospital, although historically it withstood as an institution. Broken and imperfect people come to a hospital for healing.

Bountiful Redeemer is no different from other churches, which are experiencing graying members. In order to compete for younger members the music has become more contemporary and service structure has changed. The concept of church home for the older members is quite different from that of the newer, younger converts. Clergy, laity and researchers need to understand and honor what church home means to aging members. By being proactive, areas of potential conflict can be thwarted, and changes can be settled.⁵³

It is important for leadership to understand the discomfort experienced in the detachment from the church home due to relationship, tradition and status modifications. As worship styles change to a more contemporary format, older members with long-term

⁵³Susan Wortmann, Schrader, Susan, *Older Members, Church Home, and Congregational Change: "We Worked and Worshipped in This Home for Years and Now You Say We're Not Important..."* (Journal of Religion, Spirituality & Aging, Vol. 19(2) 2007) P.24

parishioner affiliation need to be considered. These older members have invested their money, efforts, time and energy as well as their identity in church home membership.

The generational and worship style divide, is increasing in our congregations. Many protestant congregations are changing worship styles to a more contemporary format. This change holds special significance for older members with long-term parishioner attachment who have come to define the congregation as their home. Older members are committed for the long term to their congregation.⁵⁴

In this study, these older Americans tend to be residentially stable. Their physical homes are places to which they attach significant and multiple meaning. For example, home conveys social status, economic security, competence in the familiar, and a setting laden with family memories. Scholarly research has not generally addressed conflict between older and younger members over traditional versus contemporary worship styles. These themes have emerged in popular press accounts often dubbed worship wars. Such wars have reportedly resulted in congregational turmoil and loss of both members and clergy.⁵⁵

It is very easy to assent to the current strength and energy of younger members of any organization. However, the church does have a responsibility to the group who have been faithful over the years, and who now need many things in addition to spiritual support. Sensitivity, prayer, leadership and fortitude must be instituted among the decision makers, in order to bring Christ-like results to this pressing issue.

⁵⁴Ibid., 22.

⁵⁵Ibid., 24.

The discomfort felt by many in organized nursing institutions is similar to the seniors at Bountiful Redeemer. The older population generally does not adjust well to change, even though it can be beneficial to all in the end. The Abstract for this study shows that many Protestant congregations are changing worship styles from traditional to a contemporary format. As the changes evolve, the transition will be received better if all involved are advised along the way.

Regarding this study at Bountiful Redeemer, church administration must develop a balance between the contemporary young and the traditional elderly. Both sides bring advantages to church worship and growth. The church leaders must utilize the data collected from the surveys taken, and find a common thread that can unite the two groups.

CHAPTER THREE

THEORETICAL FOUNDATION

The purpose of this project is to present to families and friends of nursing home residents, the Money Follows the Person (MFP) federal initiative grant. This program seeks to transition eligible nursing home residents and special needs children to community-based care. This chapter examines the historical, biblical and theological foundations of how the aged have been cared for over the years, and how bible examples of respecting the elderly can bring great rewards.

The Historical Foundation follows the journey of the various facilities for care of the aged and needy, which were available from the 16th and 17th century up until the present time. The prejudices are also discussed throughout the ages with vivid descriptions of the discrimination that existed.

The Biblical Foundation cites the scriptures that defend how God instructs us to care for the elderly and needy among us. There are specific instructions of how we are to care for our parents, grandparents and other relatives in times of need and in old age.

The Theological Foundation explores the Doctrines of God, Christology, Common Grace and Ecclesiology.

Historical Foundations

Life in 16th and 17th Century Amsterdam Holland: Poorhouses

“Charity in Amsterdam consisted of services by Poorhouses, Almshouses & Orphanages. Poverty was considered a plague, and with old age, inhumane suffering. In this Dutch city, one of the first forms of charity was the care for the elderly. In the 14th century the first *Gasthuis* was built, where old, poor and disabled people could live. Travelers passing through and pilgrims could find a place to sleep there. In 1602 the City Council founded an Old Man's House and an Old Woman's House, but also the church and some private citizens did help the elderly with large amounts of money.”¹

Wherever they were; the poor, aged and disabled experienced substandard, appalling accommodations for housing. This plight resembled other areas of the world, although some cities were much worse.

The Late Nineteenth Century

During the late 19th century, the Mennonite Church was committed to caring for widows, orphans and the needy. The church adapted scriptures from Acts, 1 Timothy, and 2 Timothy as part of their instructions to carry out their responsibilities.

This Church believed in giving back. It instructed even those who received aid, to return aid according to his ability. In this way, everybody would have an opportunity to give and receive, in order for the love of God to take care of every existing hardship. In turn, “honorable old widows were selected as servants to visit, comfort and take care of

¹Olive Tree Genealogy http://www.olivetreegenealogy.com/nn/amst_charity.shtml (accessed April 27, 2012).

the poor, the weak, the afflicted, the needy and orphans as well as matters in the church that came within their area of interest and specialty.”² True charity was exercised in their church circles.

Housing the Aged in New York in the Early 1900's

The Brooklyn Daily Eagle Almanac of 1913 lists many homes for the Aged that were available in the New York area. Under the heading of *Relief of Aged*, listings were placed, one of which stated:

Assn. for Relief of Respectable Aged. Indigent Females in City of N.Y – 104th, cor. Amsterdam Av. Inc. 1815. Age over 65. \$300 entrance fee. None received who have lived as servants. Acc. 120. Must be residents of Mhtn. Or Bronx. Mrs. Haslett McKim, Pres.; Miss Blanche Potter, Sec., 180 W. 59th.³

Baptist homes for the aged for persons over 60 years, Hebrew Homes for the aged, as well as Catholic and Methodist Episcopal for persons over 65, also placed ads in this publication. It is astounding to note that residents were considered inmates.

It is quite interesting to read that the Presbyterian Home for Aged Women at 49 E. 73rd required that applicants be “residents of N.Y. City, over 65 years of age, members of a Presbyterian or Reformed Dutch Church for three years”, but also listed “Colored persons not received.”⁴ This was the church!

These homes of the past were sectarian, single-sex and co-ed, racially segregated and ethnically populated. This vastly contrasts to the nursing homes of today, which are

²Jonas Hartzler Smucker, Kauffman, Daniel; *Mennonite Church History* (Scottsdale, PA: Mennonite Book and Tract Society, 1905), 385.

³American Almanac Collection, *The Brooklyn Daily Eagle Almanac of 1913* (Brooklyn, NY, Office of Publication, 1913), 208-209.

⁴*Ibid.*, 208-209.

regulated by the Nursing Home Resident's Bill of Rights. With a great percentage of elderly residents utilizing Medicare and Medicaid benefits, there are federal laws that provide protection. There are also ombudsmen that physically appear onsite to investigate violations of these rules. Even though nursing homes are mostly profit-making institutions, their profitability is largely based not only on private pay and insurance reimbursements, but also on receiving payments from Medicaid and other state and federal programs.

Elderly Pension Advocacy

In the 1920's there was much debate regarding old age pensions. Abraham Epstein authored the survey of the conditions of older people in his 1922 book, *Facing Old Age*. He was instrumental in founding the American Association for Social Security in 1927.⁵

“Countries that adopted the system of pensions such as Denmark, Great Britain and New Zealand proved the contention that pensions in old age would keep families intact and increase filial affection and respect for parents. What is respected and venerated in the aged is not old as such, but the superiority in judgment, experience and independence of means. A pension in old age not only protects the aged' independence and respect, but also very often makes the pensioner a welcome addition to the family of the son or daughter, where without it there would be a burden.”⁶

⁵John MacNicol, *Age Discrimination: An Historical And Contemporary Analysis* (New York, NY: Cambridge University Press 2005), 212.

⁶Epstein, Abraham, *Facing Old Age: A Study Of Old Age Dependency In The United States And Old Age Pensions* (New York, NY: Alfred A. Knopf, Inc. 1922), 227-228.

Old Age Dependency and the Case for Old Age Pensions

In 1974 Louis Leotta wrote an article in a publication named “Abraham Epstein and the movement for old age security, *Labor History* Volume 16, Issue 3”. He stated, “Eventually, The Great Depression of the 1930’s provided the major impetus for the adoption of a national social insurance system by America in 1935. About fifteen years prior, there was a favorable climate of opinion toward social security legislation. During this fifteen-year period a small band of reformers, operating through voluntary organizations, attempted to secure passage of state old age pension laws. Although largely unsuccessful, they succeeded in focusing public consciousness on the need for a nation-wide social insurance system.”⁷

John MacNicol authored a historical and contemporary analysis on age discrimination in 2005. Many of the reformers of these times were social reformers, and they believed in the European model of social insurance. Isaac Rubinow argued that economic old age arrived much earlier than physiologic old age, and federal social insurance, via old age pensions would assist in relieving the growing problem of old age dependency. Together with Abraham Epstein, Rubinow campaigned actively for a federal social security system. The original Social Security Act enacted in 1935 is also referred to as the federal Old Age, Survivors, and Disability Insurance (OASDI) program.

Middle age men were aging prematurely and their employment situation was increasingly unstable. Prejudice in the employment of older workers became prevalent

⁷Taylor Francis Online <http://www.tandfonline.com/doi/abs/10.1080/00236567508584345> (accessed April 26, 2012).

and extreme. Most workers endured their paucity with resignation. They relied on their families, neighbors, charities and almshouses.⁸

Social Security and the Growth of Nursing Homes

The Social Security Act of 1935 created a federal-state public assistance program for the elderly called Old Age Assistance (OAA). The drafters resisted the use of public poorhouses to care for the indigent elderly, so this Act disallowed payment of OAA funds to residents of public institutions. Because of this, the growth of voluntary and proprietary nursing homes was fueled. By 1954, when nursing homes received their first national survey, there were 9,000 homes classified as skilled nursing or personal care homes, with skilled nursing facilities; 86 percent were proprietary, 10 percent were voluntary, and 4 percent were public.

The amendments to the Social Security Act in 1950, enabled direct payments to health care providers, and authorized payments to beneficiaries in public institutions. This 1950 legislation also required participating states to establish programs for licensing nursing homes. The standards or enforcement procedures however were not specified.⁹

Between 1960 and 1976, the amount of nursing homes grew by 140 percent. Nursing home beds increased by 302 percent, and the industry's revenues rose 2,000 percent. Industry investigations in 1970 found that many of the commercially run homes provided substandard care. Numerous critics have labeled these institutions as warehouses for the old and junkyards for the dying. In 1970, Representative David Pryor

⁸MacNicol, 212-213.

⁹Committee on Nursing Home Regulation-Institute of Medicine (Washington, D.C.: National Academy Press 1986), 239.

in his attempt to initiate legislative reform proclaimed them halfway houses between society and the cemetery. Similar to the almshouses, the elderly feared dying in these institutions and the family experienced guilt for abandoning their loved ones.¹⁰

Over the years, nursing homes have been receiving negative reviews by family members and residents. Another portrayal against nursing homes has surfaced in a true story written by the mother of a minor who died while under nursing home care. Brooke Jennings writes the book entitled *Living in a Place Called Beautiful*.

Families are seeking alternative methods of care for their loved ones. Expensive assisted living and independent living facilities are emerging in many cities. However, many of the aged just cannot cover the steep fees requested.¹¹

¹⁰Nursing Home History <http://medicine.jrank.org/pages/1243/Nursing-Homes-History.html> (accessed April 26, 2012)

¹¹Jennings, Brooke, *Living in a Place Called Beautiful* {A Story of Abuse and Death in Healthcare} (Mustang, OK, Tate Publishing & Enterprises, LLC, 2009) P.20-23 The book discusses that due to federally mandated programs, many professional organizations have become felon friendly, and they are currently receiving tax reductions and free insurance policies in exchange for hiring newly released parolees. Thanks to television shows like America's Most Wanted, 20/20, and 60 Minutes, child-abuse issues are touched on almost daily, yet no one seems to have taken the incentive to investigate the day-to-day deaths of disabled children or elderly patients in many nursing homes and institutions. Supporting the expectation that all people who live in nursing homes are sitting in wheelchairs and are lined up in the hallways waiting for death to take them home, lessens the chance that anyone would even care that there has been an increase in abuse cases or deaths in many of these long-term facilities. Perhaps, if we were to take the time to investigate, we might find that two factors killed some of these patients: the abuse/neglect they received at the hands of their caregivers, and money. Simply put, many of these corporate enterprises are no different than many other capitalistic entities operating in America today. They are providing a service as cheaply as they can. If we believe sociologists, who often agree that crime increases when there is a lack of education, social structure, or substance abuse, why are we employing persons who have already demonstrated an inability to grasp the damaging effects their actions have on society? In addition, why do we trust them to care for frail patients while paying them a wage?

Care Giving: Guidance for Caregivers and Care Receivers

The 20th Century has seen many revolts, oppressiveness and reforms. During this time, the demographics of care giving have shifted. The baby boom generation is larger than any of its forerunners, and it has increased the number of both potential recipients and potential providers of care. People are living longer and becoming fragile at a later age. Women are working outside of the home, thereby decreasing the availability of volunteer caregivers.¹²

We are seeing more and more families' experiencing what is considered the sandwich generation a term coined by Carol Abaya in the early 1990's. As a direct result of her work, this term is now found in the latest editions of the Oxford English Dictionary and the Webster's Collegiate Dictionary. She also coined the words club sandwich generation and open face sandwich generation. In the early 1990's very few had even heard of the term sandwich generation. Most thought it was connected to a sandwich eaten by children who were latch key kids.¹³

"Today many make decisions regarding care for their children and families, as well as elder family members, and other needy relatives. These events were defined as normative family stress. In another 1985 study, Horowitz found that 27 percent of both sons and daughters resided with their parents, and the sons more commonly addressed

¹²Victoria E. Bumagin, Katheryn F. Hirn, *Caregiving: A Guide For Those Who Give Care And Those Who Receive It* (New York, NY: Springer Publishing, 2001) 3-4.

¹³The Sandwich Generation <http://www.thesandwichgeneration.com/> (accessed September 12, 2011).

financial or organizational issues. The sons spent less time and performed fewer tasks than that of the daughters, who executed more personal and household-oriented duties.”¹⁴

“Interestingly, the sons’ wives were delegated by their husbands to provide the more frequent hands-on-care, and the daughters were most often over age 50. They probably still had dependents at home, as well as being engaged in paid employment. The potential for stress not only was affected by the history and quality of the relationship to the older person, but by greater responsibilities and time constraints.”¹⁵

In general, the majority of primary caregivers, in over three-fourths of cases were women, wives, daughters, daughters-in-law, sisters, nieces, granddaughters, many of whom self-selected to become caregivers.¹⁶

Laura Simpson’s story highlighted in Bumagin’s *Caregiving* discusses the plight of caregivers and care recipients alike when younger family members are few and distant.¹⁷ The dilemma of the caregiver needing a caregiver continues as situations like Laura’s present themselves more often each day.

The Twenty-First Century

Family, Social Institutions and the Church Taking Care of the Elderly

“The twenty-first century in the United States is witnessing a fast approaching gray America. The question of whether or not adults have a moral obligation to care for

¹⁴Bumagin, 4.

¹⁵Ibid.

¹⁶Ibid., 5.

¹⁷Ibid., 5-6.

their aging parents is weighing on the minds of more and more people. The difference of opinions is along the lines of moral authority: outside of sentiment and affection that a grown child has for their aging parent. What will compel them to provide care?"¹⁸

The researcher addresses moral responsibility based on Contemporary Philosophy, The Perspective of Confucianism, The Catholic Perspective and An Evangelical Christian Perspective:

Contemporary Philosophy

The argument that children have no filial obligation to their parents by contemporary bioethicist and philosopher, Norman Daniels as well as the argument that children are not indebted to their parents for their care by Jane English, prominent philosopher, lends contradictions to many Christian schools of thought. The fact that parents make a choice to have children, thereby incurring an obligation to care for them, and children do not choose to be born or be adopted, speaks volumes to what we are experiencing today in care giving for the elderly and needy. Daniels believes that children have no moral obligation per se, though they may later gain a sense of duty that is derived from the respect or love they feel for their parent that grows in the course of their relationship.¹⁹

"Caring for children is parental fulfillment of their own duty and obligation", says English. Later Christina Hoff Summers amended English's ideas by adding, "the stilted language of obligation should only be the line of discussion when the expected

¹⁸Moral Responsibility and Elderly Care http://www.ehow.co.uk/info_8130845_moral-responsibility-care-elderly.html#ixzz1aOHU90w3(accessed September 12, 2011).

¹⁹Ibid.

relationship of mutual love and affection between child and parent fails”. Sommers explains, “the filial duties of adult children include such things as being grateful, loyal, attentive, respectful, and deferential to parents (more so than strangers)”.²⁰

Confucianism Perspectives

“Confucianism is a Chinese philosophy that is centered around the concept of Xiao, or filial piety. The core of this morality rests on a right understanding of how children ought to treat their parents. Thereby, a child’s clear moral obligation under Confucianism to care for his parents, esteemed as the highest virtue, is written into various aspects of Chinese civil law. Asian cultures tend to have a great emphasis on care of the elderly, so the Confucian mindset is not viewed as the child being unjustly inconvenienced in caring for an ailing parent. Alternatively, it is the balanced and natural reciprocation for the care received when the child was helpless.”²¹

Catholic Perspectives

“The Church’s interpretation is based off the Ten Commandments. In the Catechism, which is a manual published by the Catholic Church, the relevant doctrines and official stance of the Church regarding many issues is defined. An extension of the fifth Commandment, honor your father and your mother, the Catechism states that children should honor their parents in their old age for their continuing love, their example, and the benefits of their life-experience. It also states that the fullest

²⁰Ibid.

²¹Ibid.

interpretation of this Commandment is that children would provide care for their parents when they are in their old age, which is preferable even to social programs that might bear the burden.”²²

An Evangelical Christian Perspective

Evangelical’s like the Catholics also receive their sense of moral obligation from the teachings of the Bible. They observe a coherent moral imperative between both the Old and New Testaments to provide care for the weakest members of society. The parable of the Good Samaritan proves the most relevant text for Evangelical Christians. This teaching exemplifies the biblical teaching of service to those in greatest need, while sacrificing convenience to self.

The Book of James distills the essence of true religion down to practicing care for widows and orphans.²³ The researcher believes this is no happenstance, as James was Jesus’ half-brother and they grew up in the same household. James adopted charitable principles. “Evangelicals are compelled to obey the teachings of Jesus. He without doubt, set examples and commands regarding caring for the elderly and disenfranchised during His time here on the earth.”²⁴

The Black Elderly: Satisfaction and Quality of Later Life

The availability of natural support systems in various communities is affected by cultural differences. There is a difference according to race. Black, white and Hispanic

²²Ibid.

²³Ibid.

²⁴Ibid.

seniors may receive differing support. Variances are probably further broken down by subgroup membership, residential communities and religion.²⁵

There are many concerns for the elderly black. Literature reviews of life satisfaction, health concerns, the obstacles of poverty, are essential studies to determine how best to serve this aging community. The importance of church activity, as well as family role interaction predicts their life satisfaction²⁶

Low levels of income and education are associated with inadequate housing and poor health. Reports show that among low-income elderly blacks, significant predictors of underutilization of medical services included the lack of availability of such services within a realistic distance from home. The lack of insurance coverage and the lack of money to pay for services was also a factor of underutilization. This study went on to suggest that elderly blacks do not enjoy the same level of health as their white counterparts.²⁷

The researcher deduces that these kinds of data are important when considering the need for nursing home care. Moore observed that the chronic medical problems characterizing the elderly black might extend beyond their physical health. He found that physical illnesses were related to psychological depression among this sector. The good news is, despite the apparent drawbacks in society, several researchers advocate that older blacks tend to have effective coping approaches, which are utilized to reduce stress associated with their underprivileged standing.

²⁵Marguerite M. Coke, James A. Twaite, *In The Black Elderly: Satisfaction and Quality of Later Life* (Binghamton, NY: The Haworth Press, Inc. 1995), ix.

²⁶*Ibid.*, x.

²⁷*Ibid.*, 2.

A chapter in a book on Assisted Living covers “African American Use of Residential Care in North Carolina. Mutran, Sudha, Reed, Menon and Desai collaborated on the habits of African Americans’ usage of long-term care facilities. Documentation shows that this sector uses nursing homes less than whites. Despite greater disability, and the underuse of services that could improve quality of care, African Americans were placed in nursing homes at between one half and three quarters the rate of elderly whites.²⁸

Mui and Burnette stated that minorities use more informal helpers, while whites used more in-home and nursing home services. Belgrave, Wykle & Choi, asserted that cultural reasoning are often invoked as the reason for differential use of these services. This however, is often assumed rather than demonstrated. Lee, Peek and Coward found that assistance was expected from their children, and this was more normal than what was expected from aged white parents. There was a definite cultural difference between these racial groups. African American caregivers considered it their responsibility and liability for caring for their elders at home. Using these other services could be regarded as a failure.²⁹

The 21st Century Church Providing Elder Care Options

Today, churches are offering faith-based continuing care retirement communities. The facilities offer assisted and independent living, skilled nursing and rehabilitation service assistance. Some are brand new in providing this service, while others have

²⁸Sheryl Zimmerman, Philip Sloane, Kevin J. Eckert, *Assisted Living: Needs, Practices, and Policies in Residential Care for the Elderly* (Baltimore, MD: The Johns Hopkins University Press, 2001), 95.

²⁹Ibid.

evolved over the years. Some are church-owned, while elaborate management boards, and shareholders maintain others.

Augsburg Luther Home and Village

One such community is Augsburg Lutheran Home and Village, an accredited Continuing Care Retirement Community on Campfield Road in Baltimore, Maryland. The home is located on 52-acres. This home has been evolving since January 28, 1892. Caroline Land, a Baltimore resident, with church collections of \$3.00, founded it. The original idea was to help orphaned children. The vision quickly developed in caring for seniors.

Like many of the other retirement homes and villages, the goal of Augsburg's culture change program is to facilitate residents, living as vital members of a community in a social and physical setting. This facilitates self-determination, choice, privacy, respect and the continued pursuit of happiness. Achieving these goals through the culture change program is a continual process.

According to its website, "Augsburg boasts a smaller, family-like atmosphere...has the advantage of 117 years of experience...is dedicated to remaining affordable...offers a long list of amenities ...and values the faith-based commitment to care as its foundation".

An important component of life at Augsburg is the focus on individuality and spirituality. They believe that spiritual health is just as important as physical health, and they are committed to providing spiritual services and guidance to residents and staff alike. A full time chaplain is on staff to oversee the spiritual life of all residents.

Worship Services are offered every Sunday in Augsburg's Chapel. Catholic services are offered the first Friday of every month. Services are also offered on special religious holidays, and during Lent and Advent. Bible study classes are available for all

residents on a weekly basis. A Grief Group and other groups meet regularly under the guidance of the chaplain. The chaplain pays personal visits to new residents when they arrive at Augsburg to discuss personal and spiritual needs. Private counseling is provided upon request.

Although Augsburg Lutheran Home claims its commitment to provide high-quality nursing care at rates that reflect their commitment to keep care affordable, its fees beginning at \$262 per day for a semi-private with half-bath, and up to \$293 per day for a private room with a private bath, disqualifies the average senior who may consider this home as an alternative.

Also, the levels of care rates fluctuate from no fee to an additional \$29.75 per day. If a prospect were a Medicaid recipient, payment of monthly resources would continue as determined by the Department of Social Services.³⁰

Money Follows The Person Initiative Grant (MFP) - Enacted Through The 2005 Deficit Reduction Act – An Alternative To Nursing Home Care

Through the many decades of change in caring for the elderly, there is now a feasible progressive option for eligible nursing home residents. The Money Follows the Person Grant provides individuals living in a nursing home or other institutions, with new opportunities to live in the community with the services and support they need. Groups benefiting from these home-and-community based programs include the elderly, persons with intellectual, developmental and/or physical disabilities, mental illness, or those diagnosed with several of these conditions.

“The Money Follows the Person program is hugely important to improving the lives of Medicaid beneficiaries,” said Donald Berwick, M.D., administrator of the Centers for Medicare & Medicaid Services (CMS), which implemented the

³⁰Augsburg <http://www.augsburg.org/> (accessed April 27,2012).

demonstration program. “This helps bring everyone, even those who in the past may have had no choice but to live in an institution, into the community where they can become full participants in the activities most of us take for granted.”³¹

Some residents requiring nursing home and long-term assistance desire to return to their home or other community-based care. This Initiative Grant is designed to assist eligible individuals to make this transition by providing in home support services. Time and statistics will demonstrate how successful this program will be in meeting its goals.

Biblical Foundations

Old Testament Scripture

Throughout history, the aged and needy were cared for in Christian, as well as secular institutions. The biblical foundations will examine what the Bible says regarding caring for the elderly. If we follow the Word, we will realize that history did not always offer what was best and fair for this populace.

The Word of God abounds with instructions regarding caring for the elderly and needy. The book of Ruth is the main biblical text for this study. There is so much that materializes in its four short chapters. The story tells of the relationship and journey of Naomi and Ruth. It reveals the love and respect that Ruth had for Naomi, and the great reward that followed for Ruth’s dedication and loyalty. It teaches others what can transpire when honor, respect and Godly behavior is portrayed. The main Old Testament scripture comes from the Book of Ruth in Chapter 1:16 (NIV).

³¹ Affordable Care Act Funds <http://seniorjournal.com/NEWS/Medicaid/2011/20110223-AffordableCareActFunds.htm> (accessed April 27, 2012).

But Ruth replied ‘Don't urge me to leave you or to turn back from you. Where you go I will go, and where you stay I will stay. Your people will be my people and your God my God.’³²

Naomi became truly blessed. Her God-given wisdom orchestrated the marriage of Ruth and Boaz. She stood in as the grandmother of Obed and saw history unfold. Ruth's rewards extended far beyond the larger family and future generations. This Moabite woman became the wife of Boaz, the mother of Obed who was the father of Jesse. Jesse was King David's father and of course, David was in the lineage of our Lord Jesus Christ.

Marjory Zoet Bankson has written quite an exposition on Naomi and Ruth as a model for relationship, representing different seasons of our lives. She takes the biblical story of these two ancient women, to bring focus and clarity to some of the dynamics that assist or hinder friendship, as we go along our journey. Ruth's pledge to Naomi was used by Bankson, as her own personal intention to let go of family and place, as the reference for her identity. Instead, she chose this same statement in Ruth 1:16 as part of her own marriage vows.

Don't urge me to leave you or to turn back from you. Where you go I will go, and where you stay I will stay. Your people will be my people and your God my God.³³

She sees the account as a story of friendship, after the conventional support of marriage and family are stripped away by death. In a time when the culture regarded women as property and mere incubators for children, the Book of Ruth is considered a parable of God with us in daily life, and God as friend.³⁴

³²Ru 1:16 (NIV).

³³Ibid.

³⁴Marjory Zoet Bankson, *Seasons of Friendship Naomi and Ruth as a Model for Relationship* (Minneapolis, MN: Augsburg Fortress 2005), 16-17.

Historically in most cultures, family members took care of the elderly. If we walk through the halls of nursing homes and institutions in the twenty-first century, we sometimes see glimpses of near abandonment, the lack of dignity, and faces of loneliness. How do we exercise the heart of compassion? How do we become a “Ruth?” How can we better serve and nurture the forsaken, ignored and often resource-less institutionalized individual? How can we turn the tides to meet the desires of this sector and offer solutions for their wellbeing?

Being a widow in ancient times meant being ignored, taken advantage of, and almost always being poverty stricken. The nearest relative of the dead husband was required to take care of the widow. However, not only were there three widows in this picture, but Naomi’s plight was that there were no relatives in Moab. She was also unaware of any living relations in Israel.

At that time, there was a law concerning Levirate marriage where a deceased man’s brother was obligated to take care of his widowed sister-in-law. Conversely Naomi, Ruth or Orpah did not fall into this category. This custom guaranteed the continuance of the deceased’ family name and also protected the widow from poverty.³⁵ The scriptures in Deuteronomy 25:5-10 (NIV) illustrate this tradition:

If brothers are living together and one of them dies without a son, his widow must not marry outside the family. Her husband’s brother shall take her and marry her and fulfill the duty of a brother-in-law to her. The first son she bears shall carry on the name of the dead brother so that his name will not be blotted out from Israel. However, if a man does not want to marry his brother’s wife, she shall go to the elders at the town gate and say,

³⁵See Deuteronomy 25:5-10 (NIV).

My husband's brother refuses to carry on his brother's name in Israel. He will not fulfill the duty of a brother-in-law to me." Then the elders of his town shall summon him and talk to him. If he persists in saying, "I do not want to marry her," his brother's widow shall go up to him in the presence of the elders, take off one of his sandals, spit in his face and say, "This is what is done to the man who will not build up his brother's family line." That man's line shall be known in Israel as The Family of the Unsandaled.

Today, nursing homes are filled with Naomi's. They lie in beds or navigate through the halls of institutions in wheelchairs, scooters, walkers or Geri-chairs. We need more Ruth's in the form of relatives, close friends, and good Samaritans, who are dedicated to do whatever it takes, to provide increased well-being for this populace. If we take the time to listen, we can begin to uncover ways to adhere to the requests and desires of this group. Strong resolve is necessary when attempting to acquire decent welfare for the elderly and needy. The assertions by Ruth to her mother-in-law, Naomi, display the unreserved determination and dedication to get the job done.

Mother-In-Law, Daughter-In-Law Relationships

What makes this narrative so profound is that, not only did Ruth show respect for the elderly Naomi, but the typical negativity of mother-in-law, daughter-in-law relationships is outwardly nonexistent. Annie Chapman explains in detail some of the pitfalls of these relationships in her book, *The Mother-In-Law Dance: Can Two Women Love the Same Man and Still Get Along?* She writes:

Mothers-in-law and daughters-in-law are family partners fused together by circumstance and law. To be thrown into a close family relationship without giving consent or being consulted is a daunting challenge. But it's a challenge that can be overcome. The mother-in-law/daughter-in-law relationship is without question, complicated.

The daughter-in-law who may have chosen to join with her husband in holy matrimony has to face the challenge of being joined in a holy alliance with the rest of his family. By the sheer nature of the relationship she is expected to melt into a household of folks that are often unfamiliar and at times very different from her family of origin.

The reality is that every holiday, every special occasion, even the continuance of the coming generations pivot on the choice to unite families through marriage. Whether the parents-in-law or the adult children realize it or not, the choices that are made are life altering for the entire family. Inevitably, embarrassing moments and even outright conflicts occur in in-law relationships. Sometimes the problem happens not out of a vindictive, hateful motive, but simply out of ignorance or insensitivity.”³⁶

As in the case of Naomi’s sons, they married outside of their culture and religion. There were established traditions that these Moabite women, Ruth and Orpah displayed. They were in their own land, so there was probably a greater pull to adhere to their customs. Naomi being the elder was entrenched in her own Jewish culture. She probably was often faced with making decisions based on her own practices, but also exercising sensitivity for the Moabites.

In examining relationships from the daughters-in-law’ standpoint, Chapman wonders what the daughter-in-law is supposed to do when she’s thrust into a new family that may already have established traditions, modes of interaction and common activities that perhaps she doesn’t readily accept or enjoy?”³⁷

The sweetest words of love recorded in all of antiquity, according to Annie Chapman, were between Ruth and Naomi. It wasn’t because they had a lot in common. In fact they both were from different regions. Naomi was Jewish, from a wealthy, prominent

³⁶Annie Chapman, *The Mother-In-Law Dance: Can Two Women Love the Same Man and Still Get Along?* (Wheaton, IL: Tyndale House Publishers, Inc. 2004), 11-12.

³⁷*Ibid.*, 15.

family, and Ruth born into a pagan family. They were of differing traditions, social class and cultural history. In spite of these differences, the Bible records that they lived together in harmony.³⁸ Love overcame the disparities.

Biblical Citations Regarding Uncomplimentary Family Relationships

One of the three scriptures worthy of citation, testifying to the typical unfavorable mothers-in-law, daughters-in-law relationships as well as uprising in the family, is Micah 7:6 (NIV).

For the son dishonors the father, the daughter rises up against her mother, the daughter-in-law against her mother-in-law; a man's enemies are the men of his own house.³⁹

Here we see the predicted uprising in family relationships.

The second text comes from Luke 12:53 (NIV). It declares that:

They will be divided, father against son, and son against father; mother against daughter, and daughter against her mother; mother-in-law against her daughter-in-law, and daughter-in-law against her mother-in-law.⁴⁰

The third scripture affirming this behavior comes from Matthew 10:35 NIV:

For I have come to turn a man against his father, a daughter against her mother, a daughter-in-law against her mother-in-law.⁴¹

In Matthew Henry's Complete Commentary on the Whole Bible, it is conveyed that the division referred to in Luke will "reach into private families, and the preaching of

³⁸Ibid.

³⁹Mt 7:6 (NIV).

⁴⁰Lk 12:53 (NIV).

⁴¹Mt 10:35 (NIV).

the gospel will give occasion for discord among the nearest relations.” It continues that “when the one turns Christian and the other does not; for the one that does turn Christian will be zealous by arguments and endearments to turn the other too.”⁴²

The scriptures in Ruth say nothing about Naomi having to convince Ruth about converting to Judaism. There was no discord about their difference in their root religion. To the contrary, Ruth announced her desire in Ruth 1:16 (NIV), as the word states:

Don’t urge me to leave you or to turn back from you. Where you go I will go, and where you stay I will stay. Your people will be my people and your God my God.⁴³

The scriptures are very specific regarding caring for the elderly and needy.

New Testament Scripture

The main scripture that stands out in the New Testament regarding caring for the elderly is in 1 Timothy 5:8 (NIV), Paul affirms:

If anyone does not provide for his relatives, and especially for his immediate family, he has denied the faith and is worse than an unbeliever.”⁴⁴

In today’s vernacular, people who approach the government for help are required to complete lengthy paperwork giving a full account of their resources. Applicants are questioned to determine if their relatives can help, and all avenues are exhausted before aid is extended as a last resort.

With regard to this passage in 1 Timothy 5:8, James Burton Coffman’s Commentaries on the Old and New Testament, explains: Spence has the following

⁴²Matthew Henry Commentary <http://www.sacred-texts.com/bib/cmt/henry/luk012.htm> (accessed April 15, 2012).

⁴³Ruth 1:16 (NIV).

⁴⁴1 Tm 5:8 (NIV).

comment on this verse: The circle of those whose support and sustenance were the responsibility of the Christian is here enlarged. Not merely parents and grandparents, but "he must assist those of his own house." Even dependents connected with the family who may have fallen into poverty and neglect is included.⁴⁵

Ruth obeyed these scripture unequivocally, although they were written after she was long gone. She did extend the charity and grace of God to Naomi without prodding. Our parents as well as grandparents and other relatives are our responsibility. Sometimes our accountability goes even beyond this realm. The capacity to care for them as they age varies according to their disabilities, but whenever possible we must afford them the highest level of care to the best of our ability.

In a study taken from James Coffman's Commentary on 1 Timothy 5, it is highlighted that

Honor and respect of the aged is a Christian principle; but the tragedy is that this ethic is more honored in the non-Christian nations of Asia than in the 'Christianized' west. The meaning here is not that an elder should never be accused, because Paul, later made provision for that. This sector needs the correct sensitivity, regard and respect.⁴⁶

This commandment was so important that in Coffman's Commentaries 1 Timothy 5:3, states, "The widow is not merely to be honored, but she is also to be assisted out of the alms of the faithful." This usage of the word honor goes back to our Lord's command of "honor thy father and mother" forbidding the use of the device of Corban.⁴⁷

⁴⁵Ibid.

⁴⁶StudyLight <http://www.studyLight.org/com/bcc/view.cgi?book=1ti&chapter=005> (accessed April 20, 2012).

⁴⁷Ibid.

Pronouncing Corban over their goods excused children from helping their parents, thus reserving the goods for their own selfish use."⁴⁸

Despite the duty of helping needy widows however, Paul moved quickly to countermand any intention of the church assuming financial obligations that properly belonged to children or other next of kin. He said in 1 Timothy 5:4 (NIV),

If a widow has children or grandchildren, these should learn first of all to put their religion into practice by caring for their own family, and so repaying their parents and grandparents, for this is pleasing to God.⁴⁹

The consequences of being worse than an unbeliever and denying the faith, makes it clearly obvious that Paul taught the seriousness of taking care of one's household and family members.

Ruth received a blessing because of her reverence and mark of respect for Naomi. In Ruth 3:1, Naomi instructed Ruth how to behave on the threshing floor with Boaz. Ruth obeyed. The aged have a great deal of perception, knowledge and insight. God rewards the faithful. Blessings are in the house of the obedient and upright. This old lady who by the world's standards was washed-up, guided her widowed daughter-in-law to a position of prestige. Ruth has gained great nobility and a prized, distinctive place in history because of her desire, devotion and loyalty to her aging mother-in-law.

⁴⁸Bible History <http://www.bible-history.com/eastons/C/Corban/> (accessed April 15, 2012).

⁴⁹Bible Commentary http://bible.cc/1_timothy/5-4.htm (accessed April 21, 2012).

The Rewards of Unfaithfulness

Whatever happened to Orpah? What would have been her reward had she also followed Naomi back to Israel? The scriptures never address her again, while Ruth carved her way throughout history.

There was no doubt Orpah loved Naomi. The Bible says in Ruth 1:6 (NIV) that she and her daughters-in-law prepared to return home. Verse 7 continues that Naomi and her two daughters-in-law left the place where they had been living, and set out on the road back to Judah. It seems as though Naomi began to have second thoughts about the future of her two daughters-in-law in Judah. She tried sending them back to their mothers' homes.

The scriptures state that Naomi kissed Ruth and Orpah goodbye, and they all wept loudly. At this juncture, the two younger women still insisted on going with their mother-in-law. Naomi reasoned with them regarding their future and their bleak marital prospects, in accompanying her to her hometown. After the three women wept aloud again, Orpah kissed Naomi goodbye and left. Ruth however clung to Naomi and vowed to stay with her whatever the cost.

The account of the parting of these three women in Ruth, Chapter One shows that Orpah loved Naomi and wanted to follow her mother-in-law. However, Orpah lacked the commitment of Ruth. Ruth's bloodline was the chosen lineage for our Lord Jesus Christ. Naomi happened to be a major part of the setting, because of her wisdom and faith in following the lead of her God.

There are various conclusions drawn regarding Orpah. Matthew Henry's Concise Bible Commentary leans towards making Orpah somewhat of a defector as in the following exposition. In Henry's Commentary on Ruth 1, reads

Orpah stays behind, but Ruth goes with Naomi:

See Ruth's resolution, and her good affection to Naomi. Orpah was loth to part from her; yet she did not love her well enough to leave Moab for her sake. Thus, many have a value and affection for Christ, yet come short of salvation by him, because they will not forsake other things for him. They love him, yet leave him, because they do not love him enough, but love other things better. Ruth is an example of the grace of God, inclining the soul to choose the better part. Naomi could desire no more than the solemn declaration Ruth made. See the power of resolution; it silences temptation. Those who go in religious ways without a steadfast mind stand like a door half open, which invite a thief; but resolution shuts and bolts the door, resists the devil and forces him to flee (Ru 1:19-22).⁵⁰

The Comprehensive Commentary on the Holy Bible: Ruth-Psalm LXIII conveys:

“Orpah was easily persuaded to yield to her own corrupt inclination. They both lifted up their voices and wept again, being much affected with the tender things Naomi had said; but it had a different effect on them; to Orpah it was a savor of death unto death; and served as an excuse for her apostasy. But, it strengthened Ruth's resolution, and her good affection to Naomi, with whose wisdom and goodness she was never so charmed, as on this occasion; thus to her it was a savor of life unto life. Thus, many have a value and affection for Christ, and yet come short of salvation by Him, because they cannot find in their hearts to forsake other things for Him. They love Him, and yet leave

⁵⁰Matthew Henry, Thomas Scott, *The Comprehensive Commentary on the Holy Bible* (Ruth-Psalm LXIII), 6.

Him, because they do not love Him enough, but love other things better. Thus the young man went away from Christ, sorrowful Matt. 19:22.”⁵¹

Utilizing the Money Follows the Person Initiative Grant

The book of Ruth serves as an illustration of the determination required in order to stand by our ailing and elderly relatives. Our seniors may feel guilty if they believe they are a burden to their family in any way. Nursing home residents often experience feelings of anxiety, helplessness and hopelessness; especially those who have suddenly become disabled. No matter how severe the confusion, a large population of nursing home residents would rather be at home with their families, or outside in community-based care.

Money Follows the Person, an Initiative Grant of the federal government, is available to assist institutionalized nursing home and long-term care residents, who wish to transition back into the community. Relatives or guardians of eligible residents would play the primary role, in assisting their loved ones to receive the benefits of this Grant. Nationally, this Initiative is attempting to transition more residents, in order to meet current ambitious quotas.

One of the hindrances to the program's success is that there is little or no awareness of the existence of this Initiative Grant. Through this Doctoral Project, family members of nursing home residents are trained on the processes to utilize this grant. A step-by-step navigation model will be applied to assist loved ones to transition to care outside of institutional walls.

⁵¹Ibid., 6.

The scripture in Proverbs 29:18, “Where there is no vision, the people are unrestrained, but happy is he who keeps the law,”⁵² advises us that we must have an image of our desired future. If we can envision our nursing home populace, transitioned outside of nursing home institutions, and we know how to utilize the benefits of this initiative grant, we can raise the wellbeing of our ailing underprivileged.

Once we have this vision, we can turn to Habakkuk 2:2-3, which states:

And the LORD answered me: ‘Write the vision; make it plain on tablets, so he may run who reads it.

For still the vision awaits its appointed time; it hastens to the end—it will not lie. If it seems slow, wait for it; it will surely come; it will not delay.⁵³

Once we have the vision, the Lord instructs us to write it down and make it readily understood. If we know where we are going and we have a blueprint, we will provoke our vision to fruition.

Listening and Adhering – A Means of Honoring

Honor is mentioned 142 times in the Bible. According to Kevin Wayne Johnson, as a verb, it means to honor—timao. Similarly, in its original Hebrew dialect—kabad—honor means to honor. This verb is used 114 times and in all periods of biblical Hebrew.⁵⁴

Do we listen to our elderly ailing parents, extended family or needy friends? According to Kaiser State Health Facts, in 2010 Georgia certified nursing homes had

⁵²Prv 29:18 (NASB).

⁵³Bible Gateway <http://www.biblegateway.com/passage/?search=Habakkuk+2&version=ESV> (accessed April 14, 2012)

⁵⁴Kevin Wayne Johnson, *Give God the Glory, Your Role in Your Family* (Three Rivers, MI: Mazzocchi Group Graphic Design, 2006), 35.

37,366 beds utilized, out of a total of 1,663,445 in the United States.⁵⁵ If these residents were given a choice, many of them would rather reside in community-based housing or return to their homes.

The core segment of today's population is the baby boomers. This sector has begun to retire from the workforce, although it still represents a major active portion in the workplace. Baby boomers are faced with numerous life choices, responsibilities and complexities. They are expected to perform their regular family responsibilities while taking on the added obligations of caring for aging parents and family members.

This gargantuan task brings with it an emotional and physical pull, which is causing social and physical disorder in the lives of this sector. These matters are being studied and evaluated by experts in the field, in order to arrive at the best solution for the future. Despite these concerns, the Bible counsels to honor our parents and our elderly.

The Word is very clear about the role of Christians to take care of their relatives, especially widows. Accepting aid from the church should be a last resort. Ruth gleaned from Boaz's field, in order to provide for herself and her mother-in-law.

Ruth passed the test, according to 1 Timothy 5:16 in the ESV, which avows:

If any believing woman has relatives who are widows, let her care for them. Let the church not be burdened, so that it may care for those who are truly widows.⁵⁶

⁵⁵State Health Facts <http://www.statehealthfacts.org/profileind.jsp?rgn=12&cat=8&ind=413> (accessed April 14, 2012).

⁵⁶1 Tim 5:16 (ESV).

The instruction to honor our parents bears many rewards in the Word of God. Three citations supporting this are:

1) Ephesians 6:2-3 in the ESV:

Honor your father and mother (this is the first commandment with a promise), that it may go well with you and that you may live long in the land."⁵⁷

2) Exodus 20:12 in the NIV:

Honor your father and your mother that your days may be long in the land that the LORD your God is giving you."⁵⁸

3) Deuteronomy 5:16 in the NIV:

Honor your father and your mother, as the LORD your God has commanded you, so that you may live long and that it may go well with you in the land the LORD your God is giving you."⁵⁹

In Deuteronomy 5:16, the Israelites received a significant promise when they entered Canaan. The promise of long life meant that if families functioned the way God directed, and if children obeyed their parents, then the Nation of Israel would be sustained forever on the earth.

Dr. Wayne Barber's article entitled "Spirit-Filled Families" believes that this verse is not necessarily saying that one will live a long time, but it is a promise that the heritage left behind will last forever. Dr. Barber also states that:

The word 'honor' means to esteem, to value highly, to hold in the highest regard and respect, treat as precious and to revere. To honor your parents encompasses not only obeying them when they are young; it also has built into it providing for them when they are

⁵⁷Eph 6:2-3 (ESV).

⁵⁸Ex 20:12 (NIV).

⁵⁹Dt 5:16 (NIV).

old. You see, if you start off honoring your parents now, you will honor them when they are old. If you don't love and respect them now, you are not going to love and respect them when they are old and have need of you.⁶⁰

Servanthood

If we are to elevate as Christians and live as true Disciples of Christ, we must develop a servant's heart. Philippians 2:7 say, Jesus himself became abased by taking on the very nature of a servant and being made like a human. How baffling, and what a great example! Jesus came as a King, yet He acted like a servant. He is still our greatest example of one who poured himself out, even to death.

Nelson, in his Illustrated Bible Dictionary clarifies Philippians 2:7.⁶¹ Paul explains how Jesus emptied himself, in that He took the form of a servant and came in the likeness of men. Unlike Adam and Eve, who made an attempt to seize equality with God in Genesis 3:5,⁶² Jesus, the last Adam humbled Himself and obediently accepted the role of the bondservant, as recorded in 1 Corinthians 15:45.⁶³

What are the Advantages of Servanthood?

Servanthood has many rewards. Some may be outward and some may be unseen. A win-win situation is created when a caregiver assists the aged. The elderly person receives a boost in health and total wellbeing, when attention is provided in time of need. Jesus emphasizes that a candidate for greatness must first of all be a servant.

⁶⁰Precept http://www.preceptaustin.org/new_page_29.htm#Ephesians 6:1-3: Spirit-Filled Families, Part 4 (accessed November 11, 2011).

⁶¹Phil 2:7.

⁶²Gen 3:5.

⁶³1 Cor 15:45.

The researcher identifies with Jesus' sayings, especially in Matthew 20:26-28

where He asserts:

Not so with you. Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be your slave—just as the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many.”⁶⁴

All areas of Christian ministry involve service. Servant hood is an occupation that Jesus requires in order to be great in His Kingdom, as well as here on earth. Servants must extend service without seeing reward as the main motivation. We receive God's blessings, by offering clean motives, a willing heart, and a joyful spirit to help others. Our primary motivation should be to love God through honoring others, especially those who have no voice.

Personal Effects

Ruth left everything behind in Moab, and followed Naomi back to Judah. The two women arrived downtrodden, with nothing but faith in God. They started over by surviving from Ruth's gleaning in Boaz's field. But the final personal effects of these two women became the legacy they left behind. They became direct relatives of King David and our Lord Jesus Christ.

These remarkable women developed into a testament to the scripture in Job 8:7 in the ESV, which states:

And though your beginning was small, your latter days will be very great.⁶⁵

⁶⁴Mt 20:26-28 (NIV).

⁶⁵Jb 8:7 (ESV).

Theological Foundations

In examining the three Foundations for Ministry, we have studied how history provided for those in need and what the biblical instructions from the Word are regarding our posture towards the disenfranchised and elderly. In this theological foundations segment, we begin by exploring the narrative of the relationship shared by Jewish Ruth and Moabite Naomi. This is surveyed in light of the Doctrines of God, Christology, Common Grace, and Ecclesiology.

The Doctrine of God

There is much to be said about God. God is totally, no-word-can describe, amazing! Theologians throughout the ages have debated on what it means to say that God is a personal God. How is it that God is a person and he is not a human being? And, if God is a person, how come God is three persons?

Another school of thought questions whether God is male or female, even though the Bible primarily uses masculine descriptions. The fact that God interacted with man, giving instructions that brought life and success, and even warnings that saved man over and over, portrays God's personal relationship in operation.

The account of God as Creator begins in the book of Genesis in the Old Testament. It reveals how organized God was and continues to be. God is a God of order. God created the universe in perfect harmony according to God's wisdom. St. Augustine of Hippo regarding creation opined, "God created the world complete with a series of

dormant powers, which were actualized at appropriate moments through divine providence.”⁶⁶

Of paramount importance is the ability of God to suffer when mankind experiences pain. God does not suffer. God has given us direction on how to overcome evil, and walk through to a triumphant life. When we move contrary to God’s directions we eventually endure unfavorable consequences. It grieves God to see us slip, and this saddening makes God suffer, but only for our sake.

God suffers for the elderly and deprived who are hurting from aging complexities. God sees the pain, the isolation and fear of the elderly and has a way of providing comfort through people of compassion.

Martin Luther’s theology of the cross—emerged during 1518-19. Luther contrasted two rival thoughts about God in the Heidelberg Disputation in 1518. The two competing theories are: *A Theology of Glory* perceiving God to possess glory, power, and wisdom in creation; and *A Theology of the Cross* discerning God hidden in the suffering and humiliation of the cross of Christ.”⁶⁷ Luther also referred to God’s relationship to Jesus’ suffering in the Crucifixion, by calling God, The Crucified God.⁶⁸

Does God Suffer?

Passibility means that God experienced grief and anguish regarding the plight of Naomi and Ruth. He was not impassible towards them, but he sensed compassion for

⁶⁶Alister McGrath, *Christian Theology: An Introduction, 5th Edition* (Malden, MA: Wiley-Blackwell Publishing, 2011), 218.

⁶⁷*Ibid.*, 204-205.

⁶⁸*Ibid.*, 205.

their loss. They first lost Elimelech, Naomi's husband and Ruth's father-in-law, and then Ruth's husband Mahlon, as well as Kilion, Orpah's husband. Naomi was deprived of the three most important men in her life, her husband and two sons.

God knew how God would feel in the future when God's own Son would go to the cross. God had already conceived the plan of salvation. McGrath wrote in his book *Christian Theology: An Introduction*, that the impassibility of God is well established in Greek philosophical circles. This group believed that God cannot suffer.⁶⁹

The researcher cites scriptures that contradict that God is impassible. Rather, God is very passible according to the following three scriptures.

Genesis 6:5-6 in the NASB states:

Then the Lord saw that the wickedness of man was great on the earth, and that every intent of the thoughts of his heart was only evil continually. The Lord was sorry that He had made man on the earth, and He was grieved in His heart.⁷⁰

Here we observe that God was distressed because of the incessant wicked heart of man. It did not take very long for man to disappoint God following His awesome and spectacular display in Creation.

1 Samuel 15:11 (NIV) states:

I regret that I have made Saul king, because he has turned away from me and has not carried out my instructions. Samuel was angry, and he cried out to the Lord all that night."⁷¹

God was very repentant that God had allowed this man to become king. Saul did his own thing and no longer sought direction from God.

⁶⁹Ibid., 206.

⁷⁰Gn 6:5-6 (NASB).

⁷¹1 Sm 15:11 (NIV).

Psalm 35:27 in the NASB says:

Let them shout for joy and rejoice, who favor my vindication; And let them say continually, 'The Lord be magnified, Who delights in the prosperity of His servants.'⁷²

The Lord revels in the abundance of those who attend to God's will. As circumstances turned upward for Naomi and Ruth on their return from Moab to Israel, God became delighted.

A Personal God

McGrath explains that it is pivotal to the Christian outlook that the suggestion of God being a personal god is an analogy. By saying that God is like a person, is to establish the divine capacity and willingness to relate to others. This is without implication that God is human or situated at a precise location on earth.⁷³ To Christians, God is a personal God. God is sensitive to our hurts. Hence, God was unquestionably concerned about Ruth and Naomi. After all, God knew how that saga would progress to a spectacular and magnificent ending.

The Doctrine of Christ – Christology

This doctrine theologically supports how Jesus is both human and divine and how both attributes co-exist in His nature. Christology does not emphasize the particular aspects of how He lived His life.

Ruth needed a kinsman-redeemer as explained in Leviticus 25:25 and Ruth 1-4. Mankind also needed a Redeemer. Our Lord Jesus Christ, in His nature of being human

⁷²Ps 35:27 (NASB).

⁷³McGrath, 205.

as well as divine was charged with the mission of laying down His life. He felt the pangs of death as a human and his divinity resurrected Him, according to the plan of God.

Jesus Christ spent His entire ministry promoting the importance of relationships. His heart was full of so much love that he was moved with compassion to heal, teach and pray for mankind. He fulfilled the desire of His Father and the words of the prophets. He died in order to offer the world a life eternal forever with Him. Children, the sick, the elderly and depraved stir Him to act on their behalf. Believers are given the responsibility to care for this community as well. This goes beyond our own family, to the outreaches of those in meager straits.

Donald S. Fortner in his book, *Discovering Christ in Ruth* exposits the role of kinsman-redeemer, of whom Boaz became on behalf of Ruth. Boaz was the second closest relative of Ruth. He had the ability, and expressed the willingness to redeem Ruth from her pitiful state. Jesus, in His divinity and humanity became the kinsman-redeemer for all humankind. His humanity and position as an eligible relative facilitated redemption, but His divinity allowed Him to carry out the miraculous feat of death and resurrection for salvation.

Naomi and Ruth experienced great tragedy in Moab, with the death of three important men in their lives. Devastating hardship continued, forcing Naomi to return home to Israel with Ruth. Ruth eventually began gleaning in Boaz' field in order to provide sustenance. God orchestrated the marriage of Boaz and Ruth. The birth of Obed, their son positioned them in the bloodline of Jesus. Providentially, God also knew that

this Israelite-Moabite connection would eventually produce the greatest redeemer in history, our Savior and Lord Jesus Christ.⁷⁴

Two of Jesus' greatest directives are:

- 1) Humankind's relationship to God, and
- 2) Humankind's relationship to humankind.

Positive regard for others and service to one's neighbors are central in Christ's teachings. These principles aim at preparing man to live a full and happy life in the human community. Emphasis is placed on long-term satisfaction, rather than on a short-term thrill. Forgiveness and mercy are stressed: God forgiving humankind and humankind forgiving humankind.⁷⁵

Ministering to and assisting the elderly and needy is at the core of the heart of Jesus. In focusing on the role of the Holy Spirit, "Ignatius emphasized the necessity of the Spirit in actualizing the presence of Christ."⁷⁶

In *Toward a Practical Theology of Aging: Theology and Pastoral Care*, K. Brynolf Lyon considers thoughts on Calvin regarding old age. He believed that the Christian life is seen from the viewpoint of the replication of Jesus Christ and that God provided Jesus as the supreme pattern we ought to express in our lives.⁷⁷

⁷⁴Discovering Christ in Ruth http://books.google.com/books/about/Discovering_Christ_in_Ruth.html?id=OWnROQAACAAJ (accessed April 29, 2012)

⁷⁵Harold G. Koenig, *Aging and God, Spiritual Pathways to Mental Health in Midlife and Later Years* (Binghamton, NY: The Haworth Pastoral Press 1994), 7.

⁷⁶*Ibid.*, 87.

⁷⁷Brynolf K. Lyon, *Toward a Practical Theology of Aging, Theology and Pastoral Care* (Philadelphia, PA: Fortress Press 1985), 38.

In his commentaries, Calvin wrote about the theme of growth. The belief that life had to be fashioned after Christ, led Calvin to compose writings and ideas on living to old age in Christ. Among his principles he stated:

It is suggested that Christian maturity must be sought in Christ. Full manhood is found in Christ. Foolish men do not, in a proper manner, seek their perfection in Christ. Whoever is a man in Christ is in every respect a perfect man.⁷⁸

The Doctrine of Common Grace

This doctrine is closely associated with Christology. Common grace is extended to believers as well as unbelievers. This concept is defined as “the grace of God, by which He gives people innumerable blessings that are not part of salvation.”⁷⁹

Common Grace as set forth by Abraham Kuyper and employed by subsequent Neo-Calvinists, stands on the assertion that what is good in the secular world is truly good, for it is grounded and sustained by the goodness of the God who has revealed God’s self to us in Jesus Christ.

In examining common grace through the lens of Christology, we see that its grounding has to do not merely with the scope of God’s mercy, but with God in God’s very being.”⁸⁰

Common grace relates to Ruth and Naomi, in that Ruth was offered the choice to embrace Naomi’s God. She accepted. As a reward for this decision, she received saving

⁷⁸Ibid.

⁷⁹Wayne Grudem, *Bible Doctrine: Essential Teachings of the Christian Faith* (Grand Rapids, MI: Zondervan, 1999), 273.

⁸⁰John, Bowlin, *The Kuyper Center Review, Volume Two: Revelation and Common Grace* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 2011), 212.

grace in addition to common grace. Saving grace is distinct from common grace in that saving grace brings man to salvation while common grace singularly, does not culminate in salvation.

The explanation and scriptural basis for this doctrine go back to Adam and Eve sinning in the garden, and becoming worthy of alienation and eternal punishment. This account is in Genesis 2:17.⁸¹ Today when humans sin, they are exposed to God's wrath and eternal punishment, as stated in Romans 6:23.⁸²

Once man sins, God's justice sets eternal separation, God's wrath, and eternal hell in motion. After all, God "did not spare the angels when they sinned, but cast them into hell and committed them to pits of gloom, to be kept until the judgment"⁸³ as stated in 2 Peter 2:4, (NIV).

Although sin occurred, death did not affect humanity at that time. However, the sentence of death was delayed for many years. When humankind sins today, humanity is not condemned to hell at that time. God allows humanity to continue to experience countless blessings. God is so forgiving and good that God extends this grace to the ones who will never be saved, as well as to those who will ultimately accept salvation. The definition of common here means something that is mutual to all people and is not restricted to believers or to the elect only.⁸⁴

⁸¹Gn 2:17.

⁸²Rom 6:23.

⁸³Grudem, 273.

⁸⁴Ibid., 273.

Balancing Ministry To The Young And To The Elderly

The purpose and responsibility of the church is to do the work of Jesus. He cares about the welfare of those who are unable to care for themselves. The church has growing responsibilities for tending to the needs of the elderly. Nowadays seniors are living longer and caregivers forced to offer challenging planned activities. Plush communities have emerged in order to attract residents with opportunities to experience more productive lives.

The church plays an integral part in responding to this new trend. Outreach ministries are sponsoring retirement home interest groups, and these ministries are fulfilling the Great Commission of Jesus as in Matthew 28:19-20 in the NIV:

Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit,²⁰ and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age.⁸⁵

Bountiful Redeemer Church Study

A study was undertaken at Bountiful Redeemer Church by Susan L. Wortmann, and Susan L. Schrader. The title of the study was “Older Members, Church Home, and Congregational Change: We Worked and Worshipped in This Home for Years and Now You Say We’re Not Important...”⁸⁶

The generational and worship style divide, is increasing in our congregations. Many Protestant congregations are changing worship styles to a more contemporary

⁸⁵Bible <http://bible.cc/matthew/28-19.htm> (accessed September 28, 2011).

⁸⁶Susan Wortmann, Susan Schrader, “Older Members, Church Home, and Congregational Change: “We Worked and Worshipped in This Home for Years and Now You Say We’re Not Important...” *Journal of Religion, Spirituality & Aging*, Vol. 19(2) 2007.

format. This change holds special significance for older members with long-term congregational affiliation who have come to define the congregation as their home. Older members feel detached from their church home due to relationship, tradition and status modifications.

Many older Americans are active participants in organized religion, investing their money, time, talents, energy and identity in congregational memberships. They have not only maintained a long-term and active affiliation with a particular denomination but have also deliberately selected one congregation in which to live out their spiritual lives. Protestant members often informally dub these long-term sites their congregational or church home.⁸⁷

These older Americans tend to be residentially stable. Their physical homes are places to which they attach significant and multiple meanings: social status, security, competence, familiarity, and continuity. For example, home conveys social status, economic security, competence in the familiar, and a setting laden with family memories. Although scholarly research has not generally addressed conflict between older and younger members over traditional versus contemporary worship styles, songs, and formats, these themes have emerged in popular press accounts often enough to be dubbed worship wars. Such wars have reportedly resulted in congregational turmoil and loss of both members and clergy.⁸⁸

As baby boomers age, a number of Protestant churches have, and will experience a graying population. As congregations age, and as churches continue to compete for

⁸⁷Wortmann, 22.

⁸⁸Ibid., 24.

younger members, changing service formats in many Protestant congregations have the potential to produce church conflict between older and younger members. It is therefore important that researchers, clergy, and laity understand older members' conceptions of church home; understand and visibly honor the meanings that older, long-term members associate with it; recognize areas of potential conflict; and work with older members around change.⁸⁹

The general survey asked older members about their overall health, their outlook on life, and their participation in the life of the church. Most survey respondents were 65 or over, female, married, living with their spouse, retired, and in good health. The majority who added open-ended qualitative comments shared all these characteristics with one important exception; gender. Interestingly, men disproportionately provided written comments.

At Bountiful Redeemer, most respondents had aged in place, investing many years at their church. Of those who responded to the full survey, over 59 percent had been members for 30 or more years. Qualitative responders, too, were long-term members. Both groups were frequent attendees, preferring traditional over contemporary services.

Less than half the elderly congregation felt they were adequately represented in decision-making. The vast majority of both sets of respondents agreed that they were glad to be able to choose between contemporary and traditional services. They felt that traditional rather than contemporary services should continue to be broadcast on television, and they were not in favor of blending the service to draw on a combination of

⁸⁹Ibid., 24.

traditional and contemporary styles. For the most part, respondents who chose to add qualitative remarks felt slightly less satisfied in all aspects.⁹⁰

Regarding this study at Bountiful Redeemer, church administration must develop a balance between the contemporary young and the traditional elderly. Both sides bring advantages to church worship and growth. The church leaders must utilize the data collected from the surveys taken, and find a common thread that can unite the two groups.

It is very easy to assent to the current strength and energy of younger members of any organization. However, the church does have a responsibility to the group who have been faithful over the years, and who now need many things in addition to spiritual support. Sensitivity, prayer, leadership and fortitude must be instituted among the decision makers, in order to bring Christ-like results to this pressing issue.

Informal Groups Assisting the Functions of the Church

There continues to be emerging informal groups that are coming together to handle aging in the community. In her book, *Growing Old in America*, Beth B. Hess writes on issues regarding social gerontology. "Ethnic communities still survive where residents have lived for decades. For the elderly, life in these communities may be limited to a particular group of houses, streets and shops. In the minds of this segment of the population, any place outside this region just does not exist."⁹¹

⁹⁰Ibid., 21-35.

⁹¹Beth H. Hess, *Growing Old in America 2nd Edition* (New Brunswick, NJ: Transaction Books, Rutgers, The State University, 1982), 222-223.

“By being immersed in kin relations, a very close peer group, or a network of neighbors, a widow may continue many of her involvements with little modification after the passing of her husband. Both urbanites and suburbanites experience varying habits of change. In order to gain insight as to the best way to minister to this emergent group, the church needs to make this sector a priority.”⁹²

According to both domestic and global organizations specializing in increasing geriatric longevity, the essential expansion for care carries burgeoning statistics. This rising need means that the responsibility will eventually belong to all.

The Village

In 2006, Hillary Rodham Clinton penned the infamous anniversary edition of “It Takes a Village.” For each chapter that uses the word child the word aged, needy or disadvantaged is interchangeable and parent can be substituted with daughter, son, other relative or care provider.

An excerpt from Chapter One states:

I chose that old African proverb to title this book because it offers a timeless reminder that children (the aged) will thrive only if their families thrive and if the whole of society cares enough to provide for them.

The sage who first offered that proverb would undoubtedly be bewildered by what constitutes the modern village. In earlier times and places -- and until recently in our own culture -- the “village” meant an actual geographic place where individuals and families lived and worked together. To many people, the word still conjures up a road sign that reads, “Hometown U.S.A., pop. 5,340”, followed by emblems of the local churches and civic clubs.

⁹²Ibid., 222-223.

For most of us, though, the village doesn't look like that anymore. In fact, it's difficult to paint a picture of the modern village, so frantic and fragmented has much of our culture become. Extended families rarely live in the same town, let alone the same house. The horizons of the contemporary village extend well beyond the town line. From the moment we are born, we are exposed to vast numbers of other people and influences through radio, television, newspapers, books, movies, computers, compact discs, cellular phones, and fax machines. Technology connects us to the impersonal global village it has created.

To many, this brave new world seems dehumanizing and inhospitable. The village can no longer be defined as a place on a map, or a list of people or organizations. Its essence however, remains the same: it is the network of values and relationships that support and affect our lives.”⁹³

It truly will take a village to meet the needs of our aging community. Social and behavioral practitioners are realizing “that important aspects of adult life have been neglected by them not having studied the religious and spiritual concerns of mature and older adults. Nor have religious communities actively embraced knowledge that has accumulated about aging in the last fifty years.”⁹⁴ It is dependent on both knowledge bases to quickly collaborate so we can best service this mounting obligation.

Overall Responsibility of Communities for the Aging

In the book, *Aging: Christian Reflection – A Series in Faith and Ethics*, an excerpt by Dr. Anne E. Streaty Wimberly announces:

Congregations are “soul communities,” in which young and old are soul-mates, bound together as an extended family of God, who love, support, and sustain one another. They should assure that senior adults are cared for and honored as resourceful contributors

⁹³Hillary Rodham Clinton, *It Takes a Village* (New York, NY: Simon & Schuster, 2006), 5-7.

⁹⁴Melvin Kimble, Susan H., McFadden, James W. Ellor, James J. Seeber, *Aging, Spirituality, and Religion, A Handbook* (Minneapolis, MN: Fortress Press, 1995), xxi.

to community life, wisdom-givers, exemplars of the faith, and worthy recipients of care. How do we make this biblical vision concrete in our lives?⁹⁵

How can the processes of carrying out these doctrines work in caring for our aging? We must seek guidance, for spiritual, mental and emotional renewal for our widows, orphans, poor and homeless. Seniors are living longer than ever before. They need to renew their minds for service, rather than complacency, and transform the script of their predecessors who suffered poor health and early death.

Our job in ministry to those aging in place or in nursing homes is to develop friendship and trust so our voice will be received. In this way we can focus on guidance from the doctrines to convey change and empowerment to the seniors and disadvantaged among us.

Closing Moments

The Possible Doctrine of Ruth

If the story of Ruth, Naomi and Boaz possessed its own doctrine, it would be “The Doctrine of Faithfulness and Rewards”. The Doctrines of God, Christology, Common Grace, and Ecclesiology have been examined in light of the chronicle of these three characters.

The aging Naomi, in her paltry state emerges because of the person, grace and mercy of God. Jesus Christ in the doctrine of Christology is the providential example that Boaz displays as kinsman-redeemer. Christ’s common and saving grace was extended to Ruth because of Naomi’s guidance and example to her loyal daughter-in-law. The

⁹⁵ Anne E. Streaty Wimberly, *Aging – Christian Reflection – A Series in Faith and Ethics* (Waco, TX: The Center for Christian Ethics at Baylor University, 2003), 9.

community, to which Naomi returned in Israel, can be considered the Church and Village from which she received nurture and support.

Naomi, elderly and downtrodden, received honor, respect and love from Ruth. Ruth, in return accepted wisdom and instruction from aged Naomi. Together these two women played a significant role, along with Boaz, which has placed them in the exemplary

CHAPTER FOUR

METHODOLOGY

The Proposed Treatment Hypothesis

The hypothesis asserts that if family members of nursing home residents are trained regarding the eligibility and regulations of the Money Follows the Person Initiative Grant, they will be equipped to utilize its benefits to transition their loved ones from the nursing home to community based care. This will offer an increased quality of life and wellbeing to the resident.

A simple systematic model will be created. When followed, this guide with a checklist will convey the steps to take and offer assistance through the maze that oftentimes cloud government programs.

This project concentrates specifically on nursing home repositioning although the benefits of MFP are also available to eligible older adults, adults and children with physical disabilities and/or traumatic brain injuries (TBI) and adults and children with mental retardation and/or developmental disabilities. The MFP Grant allows these sectors to achieve their dreams of freedom and independence.

Intervention

The context for this study is Shalom Manor Consulting, an arm of Shalom Manor Personal Care Home, as expressed in the Ministry Focus of Chapter One. It is located in

Lawrenceville, Georgia, a city in Gwinnett County. The writer is the Executive Director of Shalom Manor Consulting and she trains clients to utilize the benefits of MFP to transition their loved ones from the nursing home to the community.

The writer has discovered that even though residents of nursing homes may be receiving adequate treatment, many would rather play a more active role in making decisions about their care in a home setting within the community.

The Anticipated Research Design

This section of the project will examine the steps to take in order to move eligible residents from nursing homes to the community, so they can enjoy a better quality of life. In a Kaiser news article accessed on April 4, 2012, Alice Hogan, who is head of Money Follows the Person in Georgia, claims “She is very happy with those the Initiative has been able to transition, because each of them is a real person who is now in the community.”¹

Data collection methodology is qualitative. Triangulation includes Clients’ Pre and Post Surveys, Clients’ Journal Entries as well as a Clients’ Summary/Comments at the end of the last training session. The researcher completed Field Notes at the end of each session.

The Training Sessions included a workshop convened by Mr. Jay W. Wright, in Session 5, who manages Transition Coordinators of the MFP Program through the Georgia Department of Aging. He distributed Agency pamphlets and other program material. He also convened a Q & A segment at the request of the researcher. The clients

¹Kaiser Health News <http://www.kaiserhealthnews.org/Stories/2010/April/22/states-struggle-to-move-people-out-of-nursing-homes.aspx> (accessed April 4, 2012).

were pleased with the training and recorded Mr. Wright's contact information for future reference. The clients also received a step-by-step pamphlet with a checklist, designed by the researcher, which will assist in the transition.

Outcome

The Field Experience outlined in Chapter 5, furnishes the design, observations and outcome of the procedure. The objective of the project was to train clients who are relatives and friends of loved ones in nursing homes. Training sessions covered utilizing the MFP Initiative Grant to transition residents back to the community. Clients consist of those who have relatives and friends ready to be transitioned, while others received the training for anticipated transitioning. The participants received instruction regarding the navigation and benefits available through this federal program. The literature distributed by the MFP representative also had vital contact information of necessary go-to personnel.

The field experience was successful. 100% of the ten participants showed significant progress in their knowledge of navigating their loved ones via MFP after the training. There was a 61% increase in knowledge of MFP transition regulations.

Instrumentation

Six Training Sessions

Vital aspects of the program were introduced to the respondents. Q & A was conducted after each workshop. The questions posed demonstrated an increase in client understanding of this Grant.

The author chose the following four data collection instruments:

Pre and Post Survey/Questionnaire

Clients completed the Pre and Post Survey/Questionnaire administered by the researcher. The Pre Testing demonstrated that most knew nothing about the Money Follows the Person Initiative Grant. At the culmination of the training, respondents displayed increased knowledge as revealed in the Post Test results and comments.

Clients' Journaling:

Another form of data collection utilized was client journaling where respondents gave their thoughts after each session.

Clients' Summary/Comments

Respondents displayed comments upon completion of the training sessions.

Researcher's Field Notes:

The researcher tabulated observation notes after each training assembly.

CHAPTER FIVE

FIELD EXPERIENCE

Designing the Research Project

The objective of this project was to train clients of Shalom Manor Consulting on the rules and regulations of the Money Follows the Person Initiative Grant. Each client had loved ones already residing or soon to be residing in nursing homes. All clients were desirous of receiving training to learn how to transition their loved ones back to community-based care in Georgia.

The research design employed was qualitative with utilization of pre and post surveys, client journaling, client summary/comments and researcher field notes. After the training, clients became knowledgeable regarding the guidelines and steps to take in order to relocate their loved ones. The conclusion proved that trained clients are able to utilize the tools required to transition residents through this Grant.

Observations

The author made prior observations of the clients' needs of Shalom Manor Consulting. These clients all desired information on how to transition loved ones from the nursing home to the community. A total of ten clients participated in the Study. Six clients had loved ones who were actual residents in nursing homes in Georgia. One client

had a mother in a New York nursing home. She was desirous of moving her mother to a Georgia nursing home with the hope of eventually bringing her to her own home through the MFP Grant. Three clients had parents in their residents who were heading in that direction.

Make up of Clients/Respondents and NH Residents

Nine of the clients participating in this research were introduced to the researcher by individuals who had benefitted directly or indirectly from services offered by Shalom Manor PCH, and Shalom Consulting. One became a client through a meeting at the researcher's bank.

- There were 7 female and 3 male clients. They ranged in age from 26 to 66.
- All clients had one relative or friend of which they initially wanted to help transition.
- Three clients had elderly relatives living with them at home
- Six clients had loved ones in nursing homes throughout Georgia
- One client's relative resided in a New York NH. Arrangements were underway to transfer her to a Georgia NH.
- Only three clients were able to accommodate those transitioned in their personal homes.
- Five clients were able to provide substantial assistance and oversight upon transitioning, with two or more visits per week.
- Two of the 10 transitioned would be placed in apartments or personal care homes in the Atlanta Metropolitan area where loved ones would support with weekly visits.

Implementing the Research Project

Thank you for Participating Letter

Letters were sent to the clients of Shalom Manor Consulting thanking them in advance for their participation in the training for the MFP Grant as well as their interest and concern in improving the dignity and quality of life for their less fortunate loved ones. Respondents were reminded that the research project would comprise training on how to transition loved ones from nursing homes back into the community. At the conclusion of this study, clients should have the knowledge necessary to assist loved ones to relocate from the confines of the nursing home to community-based care.

Lesson Plans for Six Training Sessions - Week 1 thru 6

Session 1 began on Sunday, September 9, 2012 at 3pm. The duration for this training was two hours. The session opened with prayer. The clients signed Confidentiality Statements and then broke the ice by introducing themselves to each other. The Pre-Survey Questionnaire was completed after clients ate dinner.

An overview of the Money Follows the Person Initiative Grant was presented, followed by a question and answer session.

Session 2 included prayer, and discussions of relationships to residents desirous of transitioning. Clients shared accounts of their loved ones needing assistance. MFP Qualified residential settings, including personal care homes were discussed.

A question and answer segment convened and each client completed Journal Entries based off input from Session 1 through Session 4.

In Session 3, we considered who is eligible to receive the benefits of the MFP Initiative Grant, as well as the services available through MFP. Respondents convened an enthusiastic Q and A portion.

The respondents completed Journal Entries. Some of the clients' comments displayed relief for the benefits and services of MFP and the importance of loved ones' wellbeing. One Respondent expressed her mother's appreciation for the professionals that would visit the home to deliver services.

In Session 4, the MFP Demonstration Grant and the A/D, TBI and DD Waivers as well as resources available for transitioning were discussed. Another Q and A session convened and journal entries were completed.

In Session 5, Respondents welcomed Mr. Jay W. Wright, MFP Transition Coordinator of the Georgia Department of Aging. He cited the new lifestyles of various nursing home residents who had transitioned. He referred to residents who had gone to apartments, personal care homes as well as those who had gone to live with their families.

He distributed helpful literature, which was widely appreciated. This meeting also had a Q and A session and Mr. Wright gave out his business card and invited the clients to contact him with any questions they may have in the future.

Session 6 closed out the training assemblies with prayer, dinner, and an overview. There was also an invitation for questions and answers. The Post Survey Questionnaire was also completed.

The author thanked the group for their participation.

Pre and Post Test

The questionnaire circulated to the 10 participants was utilized to verify that if clients are trained in the rules and regulations of the Money Follows the Person Initiative Grant, then they would have the information necessary to transition their loved ones from the nursing home to community-based care.

Clients answered the pre-test questions at the commencement of the study. The post-test questions drove results for the analysis at the end of the training and testing.

Evaluating the Research Project

The researcher assisting the clients of Shalom Manor Consulting designed the Pre and Post Test Survey Questionnaire. The seminars provided training for the respondents on the rules and regulations of MFP.

The analysis began with a Pre Test Survey Questionnaire and culminated with a Post Test Survey Questionnaire. The answers determined if the clients had acquired the training necessary to enable the transitioning of their loved ones from the nursing home to the community. The results below analyze the Pre and Post Test Results of the MFP Research Project.

PRE AND POST SURVEY/QUESTIONNAIRE TO CLIENTS OF SHALOM MANOR CONSULTING

KEY:

The Client of Shalom Manor Consulting completing this Survey/Questionnaire is also the Respondent

The Person in the Nursing Home (NH) is the Resident

The Initiative Grant supporting this transition is Money Follows the Person (MFP)

The purpose of this questionnaire is to provide systematic training for Clients of Shalom Manor Consulting, regarding utilizing the Money Follows the Person (MFP) Initiative Grant. This training demonstrates to the Clients, who are family members and friends of nursing home (NH) residents, how to transition eligible residents to Community-Based Care.

Please complete the following questions by placing an (X) beside the answer that best defines your opinion. You must select at least one.

- (1) What is the age group of the Respondent?
 18-25 _____
 26-35 1
 36-45 2
 46-55 2
 56+ 5
- (2) What is the gender of the Respondent? Male 3 Female 7
- (3) What is the gender of the NH Resident? Male 2 Female 8
- (4) What is the age group of the NH Resident?
 18-25 _____
 26-35 _____
 36-45 _____
 46-55 4 48, 52, 54, 55
 56+ 6 (Please state age) 65, 70, 75, 84, 87, 92
- (5) What is your relationship to the Resident in the NH? Check more than one selection if applicable.
 Son 1
 Daughter 3
 In-Law 1
 Niece _____
 Nephew _____
 Grandchild 1
 Legal guardian _____
 Other 4
- (6) As a qualified Medicaid-eligible person, the 1999 Olmstead v. L.C. landmark decision of the U.S. Supreme Court gives residents of nursing facilities, hospitals or Intermediate Care Facilities (ICF) the choice to return to the community:
- | Pre | Post | % of Change |
|-------------------|-----------------|-------------|
| 1) True 20% | <i>True</i> 80% | +60% |
| 2) False 20% | False 10% | |
| 3) Don't Know 60% | Don't Know 10% | |

Correct Answer is 1). This would indicate a 60% increase in the knowledge of the 1999 Olmstead v. L.C landmark decision of the U.S. Supreme Court.

(7) The target population for the Money Follows the Person Initiative Grant includes:

Pre

- 1) Older Adults 80%
- 2) Adults and children with physical disabilities and/or brain injuries 10%
- 3) Adults and children with developmental disabilities 10%
- 4) All of the above
- 5) None of the above

Post

- 1) Older Adults 10%
- 2) Adults and children with physical disabilities and/or brain injuries
- 3) Adults and children with developmental disabilities
- 4) All of the above 100% (TYPEFACE)
- 5) None of the above

Correct Answer is 4). This would indicate a 100% increase in the knowledge of the target MFP population.

(8) The MFP grant opportunity was made available as part of the:

Pre

- 1) Association of Older Adults Grant 70%
- 2) Adults and children with physical disabilities and/or brain injuries Law 30%
- 3) The Children with Disabilities Act
- 4) Federal Deficit Reduction Act of Fiscal Year 2006
- 5) None of the above

Post

Correct Answer is 4). This would indicate a 100% increase in the knowledge that the MFP grant opportunity was made available as part of the Federal Deficit Reduction Act of Fiscal Year 2006.

- (9) To be eligible to receive the MFP Grant, residents must live in a nursing facility or institution for at least how many months before their transition to Home and Community-Based Care:

Pre

- 1) One Month 10%
- 2) One Year 30%
- 3) Three Months 20%
- 4) Nine Months 20%
- 5) None of the above 20%

Post

- 1) One Month
- 2) One Year
- 3) Three Months 100% (TYPEFACE)
- 4) Nine Months
- 5) None of the above

Correct Answer is 3). This would indicate an 80% increase in the knowledge that nursing home residents must live in a nursing facility or institution for at least 3 months before being eligible for transition.

(10) Other requirements to receive Grant benefits. Choose One.

Pre

- 1) Must be between the ages of 18—80 40%
- 2) Must have a mental as well as physical illness 30%
- 3) Must be Medicaid recipient 30%

Post

- 1) Must be between the ages of 18—80 10%
- 2) Must have a mental as well as physical illness
- 3) Must be Medicaid recipient 90%

Correct Answer is 3). This would indicate a 60% increase in the knowledge that Grant recipients must be receiving Medicaid.

(11) These are some of the qualified residences available for MFP candidates:

Pre

- 1) A home owned or leased by you or by a family member 10%
- 2) Assisted Living Facilities or Settings 40%
- 3) A residence in a community-based residential setting 20%
- 4) Personal Care Homes (PCH) and Community Living Arrangements (CLA) 20%
- 5) Host Homes also known as Life Sharing Arrangements
- 6) All of the above 10%

Post

- 1) A home owned or leased by you or by a family member
- 2) Assisted Living Facilities or Settings
- 3) A residence in a community-based residential setting 10%
- 4) Personal Care Homes (PCH) and Community Living Arrangements (CLA)

5) Host Homes also known as Life Sharing Arrangements

6) All of the above 90%

Correct Answer is 6). This would indicate an 80% increase in the knowledge that 6) is correct. All of the above are qualified residences available to MFP candidates.

(12) The following resources are available for assistance with a housing search

Pre

1) ADRC Options Counselor and/or your MFP Transition Coordinator

2) National housing specialist at The Aging Center 40%

3) Internet search

4) Aging Services for the Disabled 40%

5) 1) and 3) 10%

6) None of the above 10%

Post

1) ADRC Options Counselor and/or your MFP Transition Coordinator 20%

2) National housing specialist at The Aging Center

3) Internet search 10%

4) Aging Services for the Disabled

5) 1) and 3) 70%

6) None of the above

Correct Answer is 5). This would indicate a 60% increase in the knowledge that both 1) the ADRC Options Counselor and/or an MFP Transition Coordinator as well as 3) Internet searches are resources available for assistance with a housing search.

- (13) Advising church/synagogue, friends, family and neighbors is a good method to locate suitable housing for transition:

Pre	Post	% of Change
1) True 80%	True 90%	10%
2) False	False	
3) Don't Know	Don't Know	

Correct Answer is 1). This would indicate a 10% increase in the knowledge that advising one's church/synagogue, friends, family and neighbors is a good method.

- (14) When planning a move, the following representatives are available to assist in developing a transition team:

Pre
1) The Moving Assistant Unit 30%
2) The Transportation Battalion
3) The Transition Development Manager 50%
4) ADRC Options Counselor and MFP Transition Coordinator 20%
5) The Paperwork Coordinator
Post
1) The Moving Assistant Unit
2) The Transportation Battalion
3) The Transition Development Manager
4) ADRC Options Counselor and MFP Transition Coordinator 100%
5) The Paperwork Coordinator

Correct Answer is 4). This would indicate an 80% increase in the knowledge that the ADRC Options Counselor and MFP Transition Coordinator are representatives available to assist in developing a transition team when planning a move.

- (15) The Transition Team includes friends, family members and anyone who contributes to the physical, mental and emotional well-being of the resident seeking transition.

Pre	Post	% of Change
1) True 40%	True 90%	50%
2) False 50%	False 10%	
3) Don't Know 10%	Don't Know	

Correct Answer is 1). This would indicate a 50% increase in the knowledge that the Transition Team includes friends, family members and anyone who contributes to the physical, mental and emotional well-being of the resident seeking transition.

- (16) Peer supporters can be located by contacting the Georgia Centers for Independent Living. They offer advice and support and may have transitioned out of nursing facilities or other state institutions themselves.

Pre	Post	% of Change
1) True 60%	True 70%	10%
2) False 40%	False 30%	
3) Don't Know	Don't Know	

Correct Answer is 1). This would indicate a 10% increase in the knowledge that Peer supporters can be located by contacting the Georgia Centers for Independent Living.

- (17) The primary role of the Long-Term Care Ombudsman is to pursue improvement in the quality of life for residents in long-term care facilities, such as, nursing homes, Intermediate care facilities, (nursing homes, intermediate care facilities for the mentally retarded, personal care homes, and community living arrangements).

Pre	Post	% of Change
1) True 40%	True 90%	50%
2) False 40%	False 10%	
3) Don't Know 20%	Don't Know	

Correct Answer is 1). This would indicate a 50% increase in the knowledge of the primary role of the Long-Term Care Ombudsman.

- (18) The law provides waiver services which allow the recipients choice. These services exist because states are allowed to waive certain Medicaid requirements to pay for home and community-based services as an alternative to institutions, such as nursing facilities or hospitals for people with developmental disabilities (Intermediate Care Facility).

Pre	Post	% of Change
1) True 50%	True 80%	30%
2) False 30%	False 20%	
3) Don't Know 20%	Don't Know	

Correct Answer is 1). This would indicate a 30% increase in the knowledge that the law provides waiver services which allow the recipients choice.

- (19) Which is a form of a waiver program?

- Pre
- 1) The Personal Purchasing Needs Waiver 30%
 - 2) The Independent Care Waiver Program (ICWP) 20%
 - 3) The Car Pool Waiver 20%
 - 4) The Assisted Living Waiver 30%
 - 5) None of the Above

- Post
- 1) The Personal Purchasing Needs Waiver
 - 2) The Independent Care Waiver Program (ICWP) 80%
 - 3) The Car Pool Waiver
 - 4) The Assisted Living Waiver 20%
 - 5) None of the Above

Correct Answer is 2). This would indicate a 60% increase in the knowledge of a form of a waiver program.

(20) Is “Home and Community-Based Services” another name for waiver services?

	Pre	Post	% of Change
1) True	30%	True 90%	60%
2) False	50%	False 10%	
3) Don't Know	20%	Don't Know	

Correct Answer is 1). This would indicate a 60% increase in the knowledge that “Home and Community-Based Services” is another name for waiver services.

(21) What is the first determinant that a resident is ready to transition from the institution to the community?

Pre
1) Family wants resident at home 60%
2) It has become too expensive for resident to stay in the institution 20%
3) The resident has a strong desire to live in the community 20%
4) The resident is too old
5) All of the Above
Post
1) Family wants resident at home 10%
2) It has become too expensive for resident to stay in the institution
3) The resident has a strong desire to live in the community 70%
4) The resident is too old
5) All of the Above 20%

Correct Answer is 3). This 50% increase in knowledge indicates the first determinant that a resident is ready to transition from the institution to the community.

- (22) Who is the contact person at the MFP office that begins the process for the transition, once the resident decides that they are on board?

Pre

- 1) Moving Counselor 10%
- 2) Transition Consultant 30%
- 3) Reposition Specialist 20%
- 4) ADRC Options Counselor and/or MFP Transition Coordinator 30%
- 5) None of the Above 10%

Post

- 1) Moving Counselor
- 2) Transition Consultant 20%
- 3) Reposition Specialist
- 4) ADRC Options Counselor and/or MFP Transition Coordinator 80%
- 5) None of the Above

Correct Answer is 4). This would indicate a 50% increase in the knowledge of who is the contact person at the MFP office that begins the process for the resident's transition.

- (23) The following entities provide assistance for a successful life in the community:

Pre

- 1) MFP Staff 20%
- 2) Seniors' Support Team 30%
- 3) Transition Coordinator 30%

- 4) 1 and 3 above 10%
- 5) None of the Above 10%

Post

- 1) MFP Staff
- 2) Seniors' Support Team
- 3) Transition Coordinator 20%
- 4) 1 and 3 above 80%
- 5) None of the Above

Correct Answer is 4). This 70% increase indicates knowledge of who provides assistance for a successful life in the community.

- (24) One of the Georgia agencies that will give support is The Office of the State Long-Term Care Ombudsman:

Pre	Post	% of Change
1) True 30%	True 100%	70%
2) False 50%	False	
3) Don't Know 20%	Don't Know	

Correct Answer is 1). This would indicate a 70% increase in the knowledge that the Office of the State Long-Term Care Ombudsman is the Georgia agency that gives support.

- (25) What happens to the resident after receiving a year of MFP benefits?

Pre

- 1) Resident returns to the nursing home or ICF 20%
- 2) Resident is on his/her own 10%

- 3) Transition Coordinator arranges for a Surveyor to complete the follow-up Quality of Life (QOL) survey and the Waiver Case Manager will meet with the resident to update the waiver service plan 10%
- 4) Family and friends must come together to assist in providing services for their loved one 20%
- 5) Resident's MFP funds are depleted and the MFP Committee decides if they will replenish their benefits 40%

Post

- 1) Resident returns to the nursing home or ICF
- 2) Resident is on his/her own
- 3) Transition Coordinator arranges for a Surveyor to complete the follow-up Quality of Life (QOL) survey and the Waiver Case Manager will meet with the resident to update the waiver service plan 100%
- 4) Family and friends must come together to assist in providing services for their loved one
- 5) Resident's MFP funds are depleted and the MFP Committee decides if they will replenish their benefits

Correct Answer is 3). This would indicate a 90% increase in the knowledge of what happens to the resident after receiving a year of MFP benefits.

The researcher thanked the respondents for their participation and hoped this information would be helpful in their quest to assist their loved ones reacquire their dignity and a greatly improved quality of life.

Respondents were requested to identify themselves with a Respondent # rather than with their names to give their responses strict confidentiality.

JOURNALING OF CLIENTS/RESPONDENTS – (Weekly)

Clients performed journal entries for the first four sessions:

SESSION ONE – Week 1

Client #101 – I have never heard of MFP. I need to learn as much as possible about services and benefits of MFP. We are having a challenging time taking care of my mother.

Client #102 – My mother-in-law would benefit from this Grant. Her sight is impaired, and the alternative to long-term care in a nursing home is promising through the MFP program.

Client #103 – My grandmother is 94 and we are here to determine how this Initiative Grant can benefit her. We want her to enjoy a richer lifestyle in a smaller, personalized setting.

Client #104 – I am a Naturopath and I meet people that have family members in nursing homes. Some of them are desirous of transitioning to community-based care and I believe MFP may be a good solution.

Client #105 – We are interested in this program for our mother. We need to increase our options for her care and also the costs involved.

Client #106 – I run a PCH and would like to know how to help resident's transition to my home.

Client #107 – My mother lived until she was 99 years old. I now have friends in the nursing home who I visit on a regular basis. I want to learn about this program so I can assist their family members to transition those who want to go to community-based care.

Client #108 – I visit friends in the nursing home regularly with my wife. We have a client relationship with Shalom Manor Consulting and look forward to learning how we can help our friends who want to transition out of the nursing home to the Community.

Client #109 – I met Patricia at the bank. I learned that she managed a PCH. I told her my desire to transition my mother from a nursing home in New York, but that I did not know how to do it. She walked me through the process, and now I am in the process of receiving her in a nursing home in Stone Mountain, Georgia. I am

so excited to be able to learn the steps to transition her from the nursing home to a personal care home. I am working now, but I look forward to moving her at a later date to my own home.

Client #110 – I am here to help my mother-in-law relocate from a nursing home in another state to one in the Atlanta area. From there, the plan is to transition her to a personal care home close to our home.

SESSION TWO – Week 2

Client #101 – At this time, I know my mother would prefer to be transitioned to home with my wife and me.

Client #102 – My mother-in-law wants to live with us. It will be a lot of work. However, I am glad there are other options with the MFP grant if things get too difficult.

Client #103 – My grandmother has vision impairment. She will possibly thrive in a small setting where services are personalized. A PCH is appropriate for her needs.

Client #104 – I will surely advise those I meet through my consultations. It is good to know that alternatives are available.

Client #105 – My mother is very demanding. She lives with my family and me. I work, and she requires more attention than I can give. Now I know how MFP can utilize the PCH to meet transition needs, my family will probably decide on a home for our mother that is situated close to our residence.

Client #106 – I am biased regarding the options I favor, as I own a PCH. It is definitely good to know about other qualified settings.

Client #107 – My husband and I have friends in the nursing home and we want to help with the knowledge we receive about MFP.

Client #108 – Our friends in the nursing home will benefit from MPF. With this information, we can help those who do not have active family involvement, if they transition to a PCH.

Client #109 – It was very good to learn about the different qualified residential settings. At this time, I am leaning towards Personal Care Homes.

Client #110 – I believe my mother-in-law would love to return to her own home, but I also feel that a PCH through MFP is a good option.

SESSION THREE – Week 3

Client #101 – Mom needs as many hours of CNA help that she can get. So far, she is definitely eligible

Client #102 – Visits from the RN and physical therapists as well as services from a mobile doctor will be very welcome. It will really help my mother-in-law.

Client #103 – The nursing assistants can sit and talk with my grandmother. This interaction is very important for her wellbeing.

Client #104 – Once the resident is transitioned, it is good to know that services are available to continue to meet each need. The peer support services are useful as interaction is important.

Client #105 – My mother will like the services where the professional comes to the home. She does not like to leave home sometimes.

Client #106 –The eligibility rules are important. I cannot have more than four residents in my PCH if I am planning to accommodate a recipient of the MFP Initiative Grant.

Client #107 – Our nursing home friends need the interactive personalized services learned about today.

Client #108 – It is so good to know that even though there are budget cuts, this grant money is still available to help the elderly.

Client #109 – From today's training, I learned that my mother is eligible to receive the benefits of MFP. I am so relieved.

Client #110 – The services provided through this program are great. Just what my mother-in-law needs.

SESSION FOUR – Week 4

Client #101 – The first level bathroom in my home may need to be renovated to accommodate my mother's needs. This training is so vital.

Client #102 – Assistance to provide basic household items to assist transitioning residents is huge. These items can be so expensive.

Client #103 – It is good to learn that the ongoing resources provided by Transition Coordinators from the beginning to actual transition, and the fact that the Service Coordinators take over brings comfort in a stressful undertaking such as this.

Client #104 – I work with clients who have mental illnesses. They can qualify under the A/D and DD waivers. This information is helpful.

Client #105 – our family would feel abandoned if services ceased once our mother transitioned. Thank you for considering this section of the service.

Client #106 – I like the fact that a Transition Coordinator is assigned to residents that need transitioning. A go-to person is necessary.

Client #107 – Wheelchairs and ramps for the disabled are essential so the residents can continue to be mobile after leaving the institutions.

Client #108 – This information is good to know because when our nursing home friends leave the nursing home, they have to leave the mobile equipment behind.

Client #109 – Even though my mother does not need the A/D, TBI and DD Waivers, it is good to learn about these waivers as I may meet people who have their loved ones in Intermediate Care Facilities, with these mental related issues.

Client #110 – The ramp and bathroom renovation to accommodate wheelchairs is great.

RESEARCHER'S FIELD NOTES – (Weekly)

The Researcher created weekly field notes:

SESSION ONE – Week 1

This session began with prayer. Client 101 petitioned the presence and guidance of the Holy Spirit for our inaugural gathering.

The clients signed the Confidentiality Statement and returned them to the researcher. Next, introduction of each participant was rendered. Clients discussed their respective issues regarding the need for care in their families over dinner.

Completion of the Pre-Survey Questionnaire was accomplished before an Overview of MFP was presented to the group. A question and answer period revealed concerns these clients had for their loved ones who are in nursing homes or heading in that direction.

The main pursuit of these respondents is for their loved ones to acquire an enriched quality of life.

SESSION TWO – Week 2

The session began with prayer. Client 102 prayed for participants to learn as much as possible to achieve transition goals for their relatives. Dinner was served.

Clients shared their stories of their relationship to the resident(s) desirous of transitioning. Some of these accounts stirred emotions as the clients expressed their plight.

An informative discussion pursued regarding personal care homes and other qualified residential settings, such as assisted living facilities and shared apartment living. Respondents asked questions and the researcher answered methodically.

Clients completed a journal entry on their Session Two experience.

SESSION THREE – Week 3

The researcher prayed for God to meet the needs of the families represented in this project. The group ate dinner, and shared experiences.

This session covered eligibility requirements and benefits of the MFP Initiative Grant. Services available through this program were discussed.

A very lively Q&A period ensued before the clients' completion of the journal entries.

SESSION FOUR – Week 4

The researcher prayed for the needs of the respondents and families. The group ate dinner, anticipating what they would learn in this session.

This session covered the A/D, TBI and DD Waivers associated with the MFP Initiative Demonstration Grant. Resources available for transitioning were discussed.

Questions were posed and answered, and journal entries were completed for this session three experience.

SESSION FIVE – Week 5

Respondent 103 prayed before the gathering began. There was much excitement in the air as Mr. Jay W. Wright; an official from the Georgia Department of Aging was

present. Jay is in charge of Transition Coordination at the Money Follows the Person office located in Atlanta, Georgia. The history of MFP and an overview was extended to the group.

Angella Samuels, a Certified Nurse Practitioner also an invited guest for this session spoke of her experiences with nursing home residents. Her experience also included encounters with residents from time to time who did not want to leave the nursing home.

Nurse Samuels added that these residents did not have anywhere to go. Medicaid paid for their room, board, food and medicines while in the nursing home. Upon discharge, social security sometimes did not cover total required living expenses. These reasons were incentives enough to remain in institutionalized settings.

Q&A was lengthier than usual. Jay distributed literature about the MFP Program, and he welcomed contact from the clients if they needed further assistance.

The clients ate dinner and completed the journal entries.

SESSION SIX – Week 6

The researcher prayed before the session began. The group ate dinner together for the final meeting. The Step-by-Step MFP Transition Pamphlet, designed by the researcher, was distributed to the clients. A summary of the six sessions was conveyed. The Question and Answer phase transpired, before the Post Survey/Questionnaire was completed.

CLIENTS/RESPONDENTS SUMMARY/COMMENTS – (Session Six)

Summary/Comments of Clients were documented in the final training session.

The remarks were as follows:

Client #101 - My mother is in dire need of help. The MFP Program will be very helpful for her. She is 94 and when she enters the nursing home, we know that she only has to be there for three months. At this time, we can bring her back home with us. Our next choice is a personal care home close to our home.

Client #102 - I want to watch over my mother-in-law. She has vision problems and will eventually be in a nursing home as it is physically very difficult for me to care for her. Now I know about MFP, she will be able to transition to a PCH in our neighborhood.

Client #103 - My grandmother will need a ramp and the assistance of a Home Health Aide when she comes from the Nursing Home. I have learned through this seminar that she can also get care through a PCH. This is a wonderful revelation to my family.

Client #104 - I am in the naturopath field. I am associated with loved ones in nursing homes from time to time. This training is very informative and beneficial for me. I am now able to offer Jay Wright's contact information, expertise and resources to my clients and friends.

Client #105 - My mother resides with my family and me. A few months ago, she was hospitalized and given the option of going to a nursing home. We looked at this as being a permanent decision. We now know that this can be a temporary solution as she is eligible for MFP.

Client #106 - I manage a PCH and would like to help more clients that are elderly. MFP gives me additional options for marketing my home.

Client #107 - My mother lived to 99. I wish we knew about MFP while she was alive. We cared for her at home. In our culture – Panamanian – we mainly keep our elderly in our homes. On the other hand, my husband and I have friends we visit in the nursing home regularly. We will use this training to advise family members about the benefits available under this grant.

Client #108 - We cared for my mother-in-law in our home until her passing. We have loved ones in nursing homes. We really got a lot from Patricia's training and Jay Wright's presentation. We feel so blessed to know the actual phone number of the contact person, and the steps to take for transitioning.

Client #109 - My mother is in a nursing home in New York. Patricia helped me to locate a nursing home in Stone Mountain, Georgia. The paperwork for her relocation is presently being prepared. Once she has met the three-month residency requirement, she will be transitioned to a PCH nearby my home.

Client #110 - My mother in law is being transferred from a nursing home, which is out of state, to a local nursing home. We look forward to relocating her to a PCH through the MFP grant. The pamphlet with the checklist is very helpful.

The findings show that participation in the six sessions provided the necessary training for clients of Shalom Consulting to transition their loved ones from the nursing home to community-based care.

Concluding Statement

Triangulation: A summary of all four areas of qualitative data collection demonstrated:

Pre and post surveys

There was a convincing increase in understanding of material from pre-test to post-test mode. The increase was an overall 61%.

Client/Respondent journaling

Clients gave their thoughts based on their impressions and opinions as they participated in the first four training sessions. There was no journaling during Session 5, as Mr. Jay Wright from the MFP Organization needed the time to present vital information to the respondents.

Journaling continued in Session 6 in the form of summary/comments.

Researcher field notes

The Researcher created weekly field notes for all 6 training sessions. Each session began with prayer. The clients introduced themselves on week one. They learned how alike their situations were, with regard for their need to help their loved ones. The common thread was obvious.

The Respondents' main quest was to increase the lives of their loved ones to one of enrichment. Respondents were excited to learn of the various housing options for those transitioning from the nursing home, as 70% of those assisting with the transition could not accommodate the NH resident in their personal homes.

The session in Week 5, led by Mr. Jay Wright from the Transition office of MFP was well received. The clients were appreciative that he offered his contact information and welcomed future contact from anyone needing assistance. The handout materials that were distributed from the MFP office were timely.

Nurse Angella Samuels, a Certified Nurse Practitioner also an invited guest for this session gave an interesting twist on her experiences with nursing home residents. As well as working with NH residents who wanted to leave the institution, her experience also included encounters with residents from time to time who did not want to leave the nursing home.

Nurse Samuels added that these residents did not have anywhere to go. Medicaid paid for their room, board, food and medicines while in the nursing home. Upon discharge, social security sometimes did not cover total required living expenses. These reasons were incentives enough to remain in institutionalized settings.

Clients/Respondents summary/comments

The final comments of the clients resounded how helpful the training had been. Learning about the eligibilities was a godsend for all. It was evident that most clients had no knowledge of MFP and at the close of the sessions; they stated that they knew enough to begin or knew where to acquire help in moving their relatives from the NH to alternative community care.

It was refreshing to hear that some clients were eager to share their newfound knowledge with others who may need similar assistance. The naturopath doctor and the personal care homeowner were able to pass the information on while using information to increase their business.

The client that received the necessary information to move her mother from a New York nursing home in hopes of using MFP was well on her way to transferring her mother to a Georgia nursing home so she could utilize MFP to take her mother home.

The findings show that participation in the six sessions provided the necessary training for clients of Shalom Consulting to transition their loved ones from the nursing home to community-based care.

There was a definite improvement in the post-test survey results over the pre-test. The questionnaire showed vast differences in the awareness of clients at the end of the training versus the familiarity with the subject matter at the post-test stage.

The total percentage score on the pre-test was 26%, while the post-test resulted in an increase of 87%. There was an overall increase of 61%, which proved a high level of readiness in understanding the rules and regulations in order to transition loved ones from the nursing home to the community, through the MFP Grant.

All four testing methods showed similarities in results, being an increase of knowledge through the training. This proves the hypothesis that asserts if family members of nursing home residents are trained regarding the eligibility and regulations of the Money Follows the Person Initiative Grant, they will be equipped to utilize its benefits to transition their loved ones from the nursing home to community-based care. This will offer an increased quality of life and wellbeing to the resident.

Distribution Of Pamphlet Prepared By Writer

The pamphlet, designed by the author was distributed to the clients. This guide has a check box and portrays the systematic stages of a smooth transition for nursing home residents to return to the community. Each respondent stated the benefit and value of this resource.

CHAPTER SIX

REFLECTION, SUMMARY, AND CONCLUSION

Six years ago, the author was faced with the seemingly insurmountable challenge of caring for her mother who had suffered a paralyzing stroke. This was a “suddenly”. There never seems to be an opportune moment for these events to take place. They just happen.

The challenging experiences recounted in Chapter One of this project have led the author to a place where she is now able to help others. Shalom Manor Consulting was birthed to assist clients who were literally crying out and seeking direction to transition their loved ones from the nursing home back to the community through the Money Follows the Person Initiative Grant. Clients connected with the author because of her own journey along the stepping-stones strategically placed by the Lord while caring for her mother.

Money Follows the Person is a conceivable resolution once the individual has become a nursing home resident. However, the question is what proactive steps can be taken to provide optional care as a deterrent to nursing home placement?

Oftentimes, for a season, the nursing home is the best resort. Each situation is weighed on its own merit. When experiences indicate deterioration over and above what can be handled at home, the move may be justified. These occurrences can range from

continuing phone calls from the elderly individual throughout the night, disrupting sleep for the entire household because of increasing memory disease, incontinence, macular or other sense deterioration, and limb weakness causing severe immobility, to swallowing issues leading to feeding tubes requiring skilled nursing.

Even with help from a Caregiver's Support Group, trying to keep up with an increasing high level of care can place damaging strain on families. This is why there are ever-growing resources, educating families how to cope and survive this challenging time.

The writer has determined that proactivity in this area is vital to endurance. The problem is that if a loved one, living on his/her own is doing "okay" no one really knows when debilitation will strike. It is becoming more obvious to people in the throes of unprepared caregiving that inviting the family to formulate a plan beforehand is an essential solution to this puzzle.

In spite of all the inconveniences and difficulties involved in caring for our elderly, we are duty-bound by Scripture to honor and take care of this populace. As depicted in Chapter Three, of this Project, the account of Ruth and Naomi illustrates strong commitment and determination in caring for an aging, hope-bankrupt, woman.

The Old Testament scripture stating the infamous quote Ruth expressed to Naomi is from the Book of Ruth in Chapter 1:16 (NIV).

"But Ruth replied 'Don't urge me to leave you or to turn back from you. Where you go I will go, and where you stay I will stay. Your people will be my people and your God my God'".¹

¹Ru 1:16 (NIV).

The main New Testament scripture that stands out regarding caring for the elderly is in I Timothy 5:8 (NIV) where Paul affirms:

“If anyone does not provide for his relatives, and especially for his immediate family, he has denied the faith and is worse than an unbeliever.”²

This passage goes beyond care for mother and father, grandmother and grandfather. It includes “all” relatives.

The researcher previously served in the Choir Ministry of her local church – Victory World Church in Norcross, Georgia. Presently, because of where God has placed her, she now ministers to the elderly and Alzheimer’s residents in Sunrise Assisted Living Nursing Home - one of the Mercy Team outreaches of Victory. She is convinced that she would not have evolved into ministry with the needy and aged had her mother not experienced this enervating calamity.

This problem has propelled the writer from a position of victim where she experienced loneliness and bewilderment along the journey of inexperienced caregiver, to victor where she can now share experiences and train others in similar positions to overcome their plight.

Chapter One acquaints the reader with the researcher’s spiritual journey. It expounds on the events that lead the researcher to this place of ministry and the distinct experiences that have resulted in benefits for others. The context and thereby the synergy evolved because of a problem that needed to be solved in her life.

The author operates Shalom Manor Personal Care Home, licensed by the State to assist persons with various types of health and psychiatric issues with activities of daily

²1 Tm 5:8 (NIV).

living and watchful oversight. Because of her work in the community, Shalom Manor Consulting was developed to train clients in dire need of support to assist loved ones desirous of moving from the nursing home to the community. Now many can follow the model designed to train clients to transition their loved ones.

This Project Model set out to guide clients of Shalom Manor Consulting regarding the rules and regulations of transitioning nursing home residents back to the community through the Money Follows the Person Initiative Grant. The federal government manages this program for the benefit of eligible residents desirous of moving from the nursing home to community-based care. When people become elderly and needy, they require an advocate. Their welfare is at stake and oftentimes they are not capable or strong enough to be heard.

Chapter Two reveals the literature connected to this study on the elderly, and how events have developed historically regarding their care, needs and wellbeing. Striking citations in The Brooklyn Daily Eagle Almanac of 1913 of the American Almanac Collection, refer to how certain elements of the aged population were classified and received in their time of need, by institutions in the early nineteen hundreds.³

The general thrust of the cases cited in this Almanac Collection, displayed how primitive the qualifications for care of the aged used to be. Today we have come a long way. Eldercare is more inclusive with regard to race and religion and housing opportunities. With the government Medicaid and Medicare laws, blatant discrimination is less likely to run rampant. Today there is some justice and recourse.

³American Almanac Collection, *The Brooklyn Daily Eagle Almanac of 1913* (Brooklyn, NY: Office of Publication, 1913), 208-209.

Change has definitely taken place. Today we have a plethora of housing opportunities. However, because of financial constraints, and critical care many still find themselves in nursing homes in the autumn and winter of their lives. Money Follows the Person seeks to be a change agent in providing a dignified and collaborative approach for institutionalized residents who are able to move back to the community.

In the Theological Foundations section of Chapter Three of this project, Viktor Frankl, in his work, *Man's Search for Meaning*, refers to “those who have lived beyond the expected responsibilities of parenting and career.” He labeled these persons in our society as living in an ‘existential vacuum,’ where one experiences one's life as being mostly empty and meaningless.⁴ Advocates of MFP believe that the elderly and disabled institutionalized need a cause to live.

The author's own theological reflection after undertaking the field experience portrays the love of God for the elderly and needy. Thoughts about God's ability to suffer surface, as we know the heart of God for those less fortunate. He suffers for them.

In relation to the Money Follows the Person project model, the church plays an important role in the life of members involved in transitioning loved ones back to the community. The church must be sensitive to the needs of the family. The caregiver needs to feel comfortable in being transparent with the Church leadership and congregation regarding the quandary of the family. The church must be given the ability to respond.

⁴Melvin Kimble, Susan H., McFadden, *Aging, Spirituality, and Religion, A Handbook* (Minneapolis, MN: Fortress Press, 1995), 208.

Essentiality of the Research Project

This research project was most worthwhile and the field experience was enormously successful. Each participant was grateful to receive training and assistance in order to transition their family member. All clients were desirous of sharing the information received with others who had similar needs. It was enjoyable and rewarding to experience the sentiments and concerns of each client regarding their loved ones.

As clients learned about the benefits available to their loved ones through MFP, the researcher saw deep sighs of relief and actual tears of joy as the stress from ignorance dissipated. The writer remembers her personal experiences of release. She recalls how people in the know came to her rescue as she sought to transition her own mother from the nursing home.

The feedback from the training authenticates the hypothesis. The author is confident that the clients now know what to do to tap into the resources of the Money Follows the Person Initiative Grant to help their loved ones transition. All respondents expressed assurance that the training equipped them with names and contact information of vital MFP staff ready to assist them with future needs.

Recommendations

It is recommended that with permission, actual documentaries of transitioned residents should be prepared. Learning how they are settling in their new communities is vitally important. This future research would show MFP participants' progress. In addition, in order to facilitate upcoming transitions, graduates whose experiences have

not been successful in certain areas, should also be invited to share. This would be extremely helpful for future transitions.

The writer proposes to make the training and literature available to other clients seeking to transition their loved ones back into the community. All the literature given by Mr. Jay W. Wright and Mr. J. Grubbs of the MFP Office, as well as the systematic pamphlet with the checkbox, designed by the researcher will be most helpful for each client.

Another recommendation is, that the author convenes additional training classes for members of local churches in Gwinnett County, Georgia and surrounding counties. Training for interest groups such as the National Alliance on Mental Illness (NAMI), and other health and aging specific organizations would also be beneficial.

Throughout the training, a question and answer segment revealed concerns these clients had for their loved ones who were in nursing homes or heading in that direction. The main pursuit of these respondents was for their loved ones to acquire an enriched quality of life. Each client shared their story of their relationship to the resident(s) desirous of transitioning. Some of these accounts stirred emotions as the clients expressed their difficulties.

Whether this portrayal turns out to be a “once upon a time, and they lived happily ever after” narrative, there are still a host of issues that must be addressed to challenge the emotional, physical and spiritual aspects of caregiving. With proactive planning, flexibility and empathy along with honor and obedience to the Word of God, our elderly and needy can be cared for cafeteria style as modifications in care evolve.

If we glance back in time to the account of Ruth and Naomi, we learn first-hand about the life-revolutionizing rewards received when Ruth honored her elderly mother-in-law. The author believes there does God extend great blessings when we reciprocate in caring for the elderly, remembering how we were cared for when we were young and helpless. This role-reversal is inevitable as our older population percentages grow exponentially through more advanced medical care and longer life spans. Our decision to provide care according to God's Word will bring far-reaching rewards for the good of future generations.

Reflections on my experience in the Doctor of Ministry Program

My learning at UTS has grown my appreciation for the creation of this Model. The writer accomplished each writing task not knowing how each submission would come together. As she completed each assignment, the integration was astounding.

Phase One had the writer praying with more Holy Spirit conviction as she revisited the highs and lows of my past. My servant leadership skills were increased and expanded beyond local walls as she also became more sensitive to the needs of those she serve in the nursing home as well as the mentality disabled.

During Phase Two the writer learned how to exercise more forgiveness, love and patience in working with staff and clients as well as family members in her own personal care home—Shalom Manor. I believe that I can move forward in the face of adversity while exercising kindness.

The elderly too have their concerns about how they are treated in old age considering their sacrifices and contributions during their more productive years. Hence, the challenges experienced by committed caregivers were examined.

Concerns about the budgets regarding the indigent came to the forefront. It is crucial that innovative methods are unearthed in light of state and federal budget cuts for the needy. How can we continue to meet their needs in the upcoming crisis?

During Phases Three and Four, the writer had to revise her context. She learned how she disliked change. Revamping her work was challenging as there were unexpected roadblocks in her personal life. In addition, compromised health issues resulted in medication-induced incoherent thought processes, which made it difficult to write.

Through it all, the writer learned that fervent prayer changes mindsets. The writer actually enjoyed making the modifications to her work, and she is very excited about those who will benefit from utilization of the MFP grant.

The writer is also counseling clients from diverse backgrounds with various cultural beliefs. His or her needs are similar to everyone else's. These individuals are also in dire need of information regarding relocating family members to suitable community care alternatives. Much of this caretaking responsibility is falling on the baby boomer populace who has inherited the responsibility of supervising and providing care for their institutionalized relatives.

Replicability

This Project is highly replicable. Churches, senior citizen groups such as AARP, as well as baby boomer organizations will be introduced to the training formulated for this Model. Another recommendation is, that the author convenes additional training classes for members of local churches in other surrounding counties in Georgia. Training for interest groups such as the (National Alliance on Mental Illness (NAMI), and other health and aging specific organizations would also be beneficial.

Naturally, as rules and regulations change and are revised so will the training adjust. Future research evolved by affected organizations and think tanks will be solicited, in order to add innovations to the MFP Training Model.

Conclusion

If the writer had to do this Project again she would have sought enhanced understanding regarding choosing her context. The change in midstream resulted in unnecessary stress. The strength of the writer's project is the actualization encountered, as families previously suffering from guilt and bewilderment can now receive assistance in uncovering the maze in taking care of their institutionalized.

The weaknesses of the writer's project stem from working diligently in an initial context that provided limited support. This temporary roadblock however led the writer to a more worthwhile context, where client families are receiving help with sensitive issues on caring for needy loved ones.

In reviewing the field experience, the author would have welcomed additional time, in order to invite graduates to an MFP gathering to talk about the specific transition assistance they received and to share their experiences. It would be priceless to learn how residents are continuing to fare in their new home communities.

APPENDIX A

THANK-YOU LETTER TO RESPONDENTS

APPENDIX A THANK-YOU LETTER TO RESPONDENTS



**SHALOM CONSULTING * SHALOM MANOR PERSONAL CARE HOME, INC.
683 MEPHISTO CIRCLE * LAWRENCEVILLE, GEORGIA 30046
shalom_manor@yahoo.com
770-339-1789
404-944-4466**

September 1, 2012

To: Clients of Shalom Consulting, - (A subsidiary of Shalom Manor, PCH, Inc.)

Thank you for sharing your concerns with me regarding the present and future care for the health of your elderly and ailing loved ones. As you know, I am conducting a research project regarding how to transition loved ones from nursing homes back into the community through the Money Follows the Person Initiative Grant. This is a vital component of my project towards a Doctor of Ministry degree at United Theological Seminary in Dayton, Ohio.

The research seeks to address the desire of nursing home residents to return to community-based care. This study specifically provides a systematic training for clients of Shalom Manor Consulting, to utilize this federal grant, which bears no cost to the eligible residents or to their families.

The Grant is available to residents of Georgia as well as forty-two States and the District of Columbia. This means that if you have relatives and friends in other states, the information you will receive could also be beneficial to them. It is anticipated that at the conclusion of this study, you will have the training necessary to assist loved ones to relocate from the confines of the nursing home to alternative community care.

I want to thank you wholeheartedly for your participation, interest and concern in improving the dignity and quality of life for the less fortunate. I also covet your prayers and the guidance and leadership of the Holy Spirit as we seek to equip ourselves to learn about options to elevate the lives of those in need. The meetings will convene for six Sundays, beginning on Sunday, September 16, 2013 at 3pm.

May the favor of our Lord profusely abound in your lives!

Patricia Williams
Director

APPENDIX B
CONFIDENTIALITY AND CONSENT STATEMENT

APPENDIX B

CONFIDENTIALITY AND CONSENT STATEMENT



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shalom_manor@yahoo.com
770-339-1789
404-944-4466

Dear Client:

Thank you so much for agreeing to participate in this study. We realize that you are extremely busy and we appreciate your selfless sacrifice. Please know that your contribution is a gift to those you love, and an invaluable offering to this project.

We need to collect clean samples of your data, free of any skewed input. Therefore, it is important to keep discussions regarding this study confidential and within the confines of each session until the study is complete.

If you have any questions or concerns, please let me know. Thank you again for your generous participation.

Name of Client/Respondent _____

Signature of Client/Respondent _____

Date: _____

Name of Researcher _____

Signature of Researcher _____

Date: _____

APPENDIX C

PRE AND POST SURVEY/QUESTIONNAIRE TO CLIENTS OF SHALOM MANOR CONSULTING

APPENDIX C

PRE AND POST SURVEY/QUESTIONNAIRE TO CLIENTS OF SHALOM MANOR CONSULTING

KEY:

The Client of Shalom Manor Consulting completing this Survey/Questionnaire is also the Respondent

The Person in the Nursing Home (NH) is the Resident

The Initiative Grant supporting this transition is Money Follows the Person (MFP)

The purpose of this questionnaire is to provide systematic training for Clients of Shalom Manor Consulting, regarding utilizing the Money Follows the Person (MFP) Initiative Grant. This training demonstrates to the Clients, who are family members and friends of nursing home (NH) residents, how to transition eligible residents to Community-Based Care.

Please complete the following questions by placing an (X) beside the answer that best defines your opinion. You must select at least one.

- (1) What is the age group of the Respondent?
 18-25 _____
 26-35 _____
 36-45 _____
 46-55 _____
 56+ _____

- (2) What is the gender of the Respondent? Male _____ Female _____

- (3) What is the gender of the NH Resident? Male _____ Female _____

- (4) What is the age group of the NH Resident?
 18-25 _____
 26-35 _____
 36-45 _____
 46-55 _____
 56+ _____ (Please state age)

- (5) What is your relationship to the Resident in the NH? Check more than one selection if applicable.
- | | |
|----------------|-------|
| Son | _____ |
| Daughter | _____ |
| In-Law | _____ |
| Niece | _____ |
| Nephew | _____ |
| Grandchild | _____ |
| Legal guardian | _____ |
| Other | _____ |
- (6) As a qualified Medicaid-eligible person, the 1999 Olmstead v. L.C. landmark decision of the U.S. Supreme Court gives residents of nursing facilities, hospitals or Intermediate Care Facilities (ICF) the choice to return to the community:
- 1) True
 - 2) False
 - 3) Don't Know
- (7) The target population for the Money Follows the Person Initiative Grant includes:
- 1) Older Adults
 - 2) Adults and children with physical disabilities and/or brain injuries
 - 3) Adults and children with developmental disabilities
 - 4) All of the above
 - 5) None of the above
- (8) The MFP grant opportunity was made available as part of the:
- 1) Association of Older Adults Grant
 - 2) Adults and children with physical disabilities and/or brain injuries Law
 - 3) The Children with Disabilities Act
 - 4) Federal Deficit Reduction Act of Fiscal Year 2006
 - 5) None of the above
- (9) To be eligible to receive the MFP Grant, residents must live in a nursing facility or institution for at least how many months before their transition to Home- and Community-Based Care:
- 1) One Month
 - 2) One Year
 - 3) Three Months
 - 4) Nine Months
 - 5) None of the above
- (10) Other Requirements to receive Grant benefits. Choose One.
- 1) Must be between the ages of 18 – 80
 - 2) Must have a mental as well as physical illness
 - 3) Must be Medicaid recipient

- (11) These are some of the qualified residences available for MFP candidates:
 - 1) A home owned or leased by you or by a family member
 - 2) Assisted Living Facilities or Settings
 - 3) A residence in a community-based residential setting
 - 4) Personal Care Homes (PCH) and Community Living Arrangements (CLA)
 - 5) Host Homes also known as Life Sharing Arrangements
 - 6) All of the above

- (12) The following resources are available for assistance with a housing search
 - 1) ADRC Options Counselor and/or your MFP Transition Coordinator
 - 2) National housing specialist at The Aging Center
 - 3) Internet search
 - 4) Aging Services for the Disabled
 - 5) 1) and 3)
 - 6) None of the above

- (13) Advising church/synagogue, friends, family and neighbors is a good method to locate suitable housing for transition:
 - 1) True
 - 2) False
 - 3) Don't know

- (14) When planning a move, the following representatives are available to assist in developing a transition team:
 - 1) The Moving Assistant Unit
 - 2) The Transportation Battalion
 - 3) The Transition Development Manager
 - 4) ADRC Options Counselor and MFP Transition Coordinator
 - 5) The Paperwork Coordinator

- (15) The Transition Team includes friends, family members and anyone who contributes to the physical, mental and emotional well-being of the resident seeking transition
 - 1) True
 - 2) False
 - 3) Don't know

- (16) Peer supporters can be located by contacting the Georgia Centers for Independent Living. They offer advice and support and may have transitioned out of nursing facilities or other state institutions themselves.
 - 1) True
 - 2) False
 - 3) Don't know

- (17) The primary role of the Long-Term Care Ombudsman is to pursue improvement in the quality of life for residents in long-term care facilities, such as, nursing homes, Intermediate care facilities, (nursing homes, intermediate care facilities for the mentally retarded, personal care homes, and community living arrangements).
- 1) True
 - 2) False
 - 3) Don't know
- (18) The law provides waiver services which allow the recipients choice. These services exist because states are allowed to waive certain Medicaid requirements to pay for home and community-based services as an alternative to institutions, such as nursing facilities or hospitals for people with developmental disabilities (Intermediate Care Facility).
- 1) True
 - 2) False
 - 3) Don't Know
- (19) Which is a form of a waiver program?
- 1) The Personal Purchasing Needs Waiver
 - 2) The Independent Care Waiver Program (ICWP)
 - 3) The Car Pool Waiver
 - 4) The Assisted Living Waiver
 - 5) None of the Above
- (20) Is "Home and Community-Based Services" another name for waiver services?
- 1) True
 - 2) False
 - 3) Don't know
- (21) What is the first determinant that a resident is ready to transition from the institution to the community?
- 1) Family wants resident at home
 - 2) It has become too expensive for resident to stay in the institution
 - 3) The resident has a strong desire to live in the community
 - 4) The resident is too old
 - 5) All of the Above
- (22) Who is the contact person at the MFP office that begins the process for the transition, once the resident decides that they are on board?
- 1) Moving Counselor
 - 2) Transition Consultant
 - 3) Reposition Specialist
 - 4) ADRC Options Counselor and/or MFP Transition Coordinator
 - 5) None of the Above

- (23) The following entities provide assistance for a successful life in the community:
- 1) MFP Staff
 - 2) Seniors' Support Team
 - 3) Transition Coordinator
 - 4) 1 and 3 above
 - 5) None of the Above
- (24) One of the Georgia agencies that will give support is The Office of the State Long-Term Care Ombudsman:
- 1) True
 - 2) False
 - 3) Don't Know
- (25) What happens to the resident after receiving a year of MFP benefits?
- 1) Resident returns to the nursing home or ICF
 - 2) Resident is on his/her own
 - 3) Transition Coordinator arranges for a Surveyor to complete the follow-up Quality of Life (QOL) survey and the Waiver Case Manager will meet with the resident to update the waiver service plan.
 - 4) Family and friends must come together to assist in providing services for their loved one
 - 5) Resident's MFP funds are depleted and the MFP Committee decides if they will replenish their benefits

Thank you for your participation. We hope this information will be helpful in your quest to assist your loved ones reacquire their dignity and a greatly improved quality of life. Please do not sign your name on this Survey/Questionnaire. Use your Respondent # given by the Researcher, so your responses will be held in strict confidence.

Respondent # _____

APPENDIX D
MFP TRAINING LESSON PLAN AGENDA

APPENDIX D

MFP TRAINING LESSON PLAN AGENDA



Session One began on Sunday, September 9, 2012 at 3pm. The duration for this training was two hours. The session opened with prayer. The clients signed Confidentiality Statements and then broke the ice by introducing themselves to each other. The Pre-Survey Questionnaire was completed after clients ate dinner.

An overview of the Money Follows the Person Initiative Grant was presented, followed by a question and answer session. Clients completed Journal Entries.

Session Two included prayer, and discussions of relationships to residents' desirous of transitioning. Clients shared accounts of their loved ones needing assistance. MFP eligibility rules, qualified residential settings, and the housing search, were discussed.

A question and answer segment convened and each client completed Journal Entries.

In Session Three, we expounded on the housing search and the assistance provided by the Options Counselor and Transition Coordinator. Respondents convened an enthusiastic Q and A portion.

The respondents completed Journal Entries. Some of the clients' comments displayed relief for the benefits and services of MFP and the importance of loved ones' wellbeing. One Respondent was impressed that under the MFP grant, her mother would like the fact that professionals visit the home to deliver services.

In Session Four, Peer Support, the Individualized Transition Plan (ITP) as well as home and community-based waiver services were discussed. Another Q and A session convened and journal entries were completed.

In Session Five, Respondents welcomed Mr. Jay W. Wright, MFP Transition Coordinator of the Georgia Dept. of Aging. He cited the new lifestyles of various nursing home residents who had transitioned. He referred to residents who had gone to apartments, personal care homes as well as those who had gone to live with their families.

He distributed helpful literature, which was widely appreciated. This meeting also had a Q and A session and Mr. Wright gave out his business card and invited the clients to contact him with any questions they may have in the future.

Session Six closed out the Training assemblies with Prayer, Dinner, and an Overview. There was also an invitation for questions. The Post Survey Questionnaire was also completed.

The author thanked the group for their participation.

APPENDIX E
RESEARCHER'S FIELD NOTES

APPENDIX E

RESEARCHER'S FIELD NOTES

SESSION ONE

This session began with prayer. Client 0102 petitioned the presence and guidance of the Holy Spirit.

The clients signed the Confidentiality Statement and returned them to the researcher. Next, introduction of each participant was rendered. Clients discussed their respective issues regarding the need for care in their families over dinner.

Completion of the Pre-Survey Questionnaire was accomplished before an Overview of MFP was presented to the group. A question and answer period revealed concerns these clients had for their loved ones who are in nursing homes or heading in that direction.

The main pursuit of these respondents is for their loved ones to acquire an enriched quality of life.

SESSION TWO

The session began with prayer. Client 0102 prayed for participants to learn as much as possible to achieve transition goals for their relatives. Dinner was served.

Each client shared their story of their relationship to the resident(s) desirous of transitioning. Some of these accounts stirred emotions as the clients expressed their plight.

An informative discussion pursued regarding personal care homes and other qualified residential settings. Respondents asked questions and the researcher answered methodically.

Clients completed a journal entry on their Session Two experience.

SESSION THREE

The researcher prayed for God to meet the needs of the families represented in this project. The group ate dinner, and shared experiences.

This session covered eligibility requirements and benefits of the MFP Initiative Grant. Services available through this program were discussed.

A very lively Q&A period ensued before the clients' completion of the journal entries.

SESSION FOUR

The researcher prayed for the needs of the respondents to be met. The group ate dinner, anticipating what they would learn in this session.

This session covered the A/D, TBI and DD Waivers associated with the MFP Demonstration Grant. Resources available for transitioning were discussed.

Questions were posed and answered, and journal entries were completed for this session three experience.

SESSION FIVE

Respondent 0103 prayed before the gathering began. There was much excitement in the air as Mr. Jay W. Wright; an official from the Georgia Department of Aging was present. Jay is in charge of Transition Coordination at the Money Follows the Person office located in Atlanta, Georgia. The history of MFP and an overview was extended to the group.

Angella Samuels, a Certified Nurse Practitioner also an invited guest for this session spoke of her experiences with nursing home residents. Her experience also included encounters with residents from time to time who did not want to leave the nursing home.

The fact that these residents did not have anywhere to go, in addition to the fact that Medicaid paid for their room, board, food and medicines while in this institution was incentive enough to remain in this setting. Upon discharge, social security sometimes did not cover total required living expenses.

Q&A was lengthier than usual. Jay distributed literature about the MFP Program, and he welcomed contact from the clients if they needed further assistance.

The clients ate dinner and completed the journal entries.

SESSION SIX

The researcher prayed before the session began. The group ate dinner together.

The Step-by-Step MFP Transition Pamphlet, designed by the researcher, was distributed to the clients. A summary of the six sessions was conveyed. The Question and Answer phase transpired, before the Post Survey/Questionnaire was completed.

APPENDIX F
JOURNALING OF CLIENTS/RESPONDENTS

APPENDIX F

JOURNALING OF CLIENTS/RESPONDENTS

Clients performed journal entries for the first four sessions:

SESSION ONE – Week 1

Client #101 – I have never heard of MFP. I need to learn as much as possible about services and benefits of MFP. We are having a challenging time taking care of my mother.

Client #102 – My mother-in-law would benefit from this Grant. Her sight is impaired, and the alternative to long-term care in a nursing home is promising through the MFP program.

Client #103 – My grandmother is 94 and we are here to determine how this Initiative Grant can benefit her. We want her to enjoy a richer lifestyle in a smaller, personalized setting.

Client #104 – I am a Naturopath and I meet people that have family members in nursing homes. Some of them are desirous of transitioning to community-based care and I believe MFP may be a good solution.

Client #105 – We are interested in this program for our mother. We need to increase our options for her care and also the costs involved.

Client #106 – I run a PCH and would like to know how to help residents transition to my home.

Client #107 – My mother lived until she was 99 years old. I now have friends in the nursing home who I visit on a regular basis. I want to learn about this program so I can assist their family members to transition those who want to go to community-based care.

Client #108 – I visit friends in the nursing regularly with my wife. We have a client relationship with Shalom Consulting and look forward to learning how we can help our friends who want to transition out of the nursing home to a PCH.

Client #109 – I met Patricia at the bank. I learned that she managed a PCH . I told her my desire to transition my mother from a nursing home in New York, but that I did not know how to do it. She walked me through the process, and now I am in the process of receiving her in a nursing home in Stone Mountain, Georgia. I am so excited to be able to learn the steps to transition her from the nursing home to a personal care home. I am working now, but I look forward to moving her at a later date to my own home.

Client #110 – I am here to help my mother-in-law relocate from a nursing home in another state to one in the Atlanta area. From there, the plan is to transition her to a personal care home close to our home.

SESSION TWO – Week 2

Client #101 – At this time, I know my mother would prefer to be transitioned to home with my wife and me.

Client #102 – My mother-in-law wants to live with us. It will be a lot of work. However, I am glad there are other options with the MFP grant if things get too difficult.

Client #103 – My grandmother has vision impairment. She will possibly thrive in a small setting where services are personalized. A PCH is appropriate for her needs.

Client #104 – I will surely advise those I meet through my consultations. It is good to know that alternatives are available.

Client #105 – My mother is very demanding. She lives with my family and me. I work, and she requires more attention than I can give. Now I know how MFP can utilize

the PCH to meet transition needs, my family will probably decide on a home for our mother that is situated close to our residence.

Client #106 – I am biased regarding the options I favor, as I own a PCH. It is definitely good to know about other qualified settings.

Client #107 – My husband and I have friends in the nursing home and we want to help with the knowledge we receive about MFP.

Client #108 – Our friends in the nursing home will benefit from MPF. With this information, we can help those who do not have active family involvement, if they transition to a PCH.

Client #109 – It was very good to learn about the different qualified residential settings. At this time, I am leaning towards Personal Care Homes.

Client #110 – I believe my mother-in-law would love to return to her own home, but I also feel that a PCH through MFP is a good option.

SESSION THREE – Week 3

Client #101 – Mom needs as many hours CNA help that she can get. So far, she is definitely eligible

Client #102 – Visits from the RN and physical therapists as well as services from a mobile doctor will be very welcome. It will really help my mother-in-law.

Client #103 – The nursing assistants can sit and talk with my grandmother. This interaction is very important for her wellbeing.

Client #104 – Once the resident is transitioned, it is good to know that services are available to continue to meet each need. The peer support services are useful as interaction is important.

Client #105 – My mother will like the services where the professional comes to the home. She does not like to leave home sometimes.

Client #106 – I am biased regarding the options I favor, as I own a PCH. It is definitely good to know about other qualified settings. The eligibility rules are important. I cannot have more than four residents in my PCH if I am planning to accommodate a recipient of the MFP Initiative grant.

Client #107 – Our nursing home friends need the interactive personalized services learned about today.

Client #108 – It is so good to know that even though there are budget cuts, this grant money is still available to help the elderly.

Client #109 – From today's training, I learned that my mother is eligible to receive the benefits of MFP. I am so relieved.

Client #110 – The services provided through this program are great. Just what my mother-in-law needs.

SESSION FOUR – Week 4

Client #101 – The first level bathroom in my home may need to be renovated to accommodate my mother's needs. This training is so vital.

Client #102 – Assistance to provide basic household items to assist transitioning residents is a huge. These items can be so expensive.

Client #103 – It is good to learn that the ongoing resources provided by Transition Coordinators from the beginning to actual transition, and the fact that the Service Coordinators take over brings comfort in a stressful undertaking such as this.

Client #104 – I work with clients that have mental illnesses. They can qualify under the A/D and DD waivers. This information is helpful.

Client #105 – our family would feel abandoned if services ceased once our mother transitioned. Thank you for considering this section of the service.

Client #106 – I like the fact that a transition coordinator is assigned to residents that need transitioning. A go-to person is necessary.

Client #107 – Wheelchairs and ramps for the disabled are essential so they residents can continue to be mobile after leaving the institutions,

Client #108 – This information is good to know because when our nursing home friends leave the nursing home, they have to leave the mobile equipment behind.

Client #109 – Even though my mother does not need the A/D, TBI and DD Waivers, it is good to learn about these waivers as I may meet people who have their loved ones in Intermediate Care Facilities, with these mental related issues.

Client #110 – The ramp and bathroom renovation to accommodate wheelchairs is great.

Distribution of Pamphlet prepared by writer

The pamphlet, designed by the author was distributed to the clients. This guide portrayed the systematic stages of a smooth transition for nursing home residents to return to the community. Each respondent stated the benefit and value of this resource.

APPENDIX G

MONEY FOLLOWS THE PERSON STEP-BY-STEP PAMPHLET

MONEY FOLLOWS THE PERSON

INITIATIVE GRANT in Georgia

--Serving Clients of Shalom Manor Consulting--



STEPS TO TRANSITIONING:

- The resident expresses a strong desire to live in the community □
- Relative/Advocate will contact an ADRC Options Counselor and/or MFP Transition Coordinator at 404-657-8756 for assistance in developing a Transition Team □
- The MFP Transition Coordinator and transition team will develop an Individualized Transition Plan (ITP), and a housing search □
- The Coordinator will help select a Waiver Case Manager or a Case Manager will be assigned to help apply for waiver services □
- Notification of eligibility for waiver services will be within 60 days or less □
- Coordinator will convene an assessment with resident and nursing home representative □
- Transition meeting will convene at the nursing home with social worker, family and resident. A transition date will be chosen □
- Nursing Home resident will transition to community-based housing and Transition Coordinator will follow-up with resident □
- Waiver services kick in to meet the needs of the ex-nursing home resident □
- Relative/Advocate can contact Transition Coordinator for future needs □

ENJOY YOUR NEW “HOME”!

MONEY FOLLOWS THE PERSON INITIATIVE GRANT – in Georgia

--Serving Clients of Shalom Manor Consulting--

YOU CAN MOVE BACK TO THE COMMUNITY

Are you an

- Older Adult?
- Adult or child with physical disabilities and/or brain injuries or developmental disabilities?

Are you a

- Medicaid recipient who has lived in a Nursing Home for 3 months?

In Georgia, the Program's goal is to transition 2,293 Georgians over nine years from institutional settings back to the community

--THIS COULD BE YOU!

MFP is a joint initiative between the Georgia Department of Community Health (DCH), the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Department of Human Services (DHS) Division of Aging Services (DAS).

Waiver Services:

The law also provides waiver services which allow the recipients choice. These services exist because states are allowed to waive certain Medicaid requirements to pay for home and community-based services as an alternative to institutions, such as nursing facilities or hospitals for people with developmental disabilities (Intermediate Care Facility).

These services include one-time purchases of basic household items and furnishings, utility deposits, security deposits, transportation to assist in housing searches and limited funding for home environmental modifications.

APPENDIX H
SUMMARY/COMMENTS OF CLIENTS/RESPONDENTS

APPENDIX H

SUMMARY/COMMENTS OF CLIENTS/RESPONDENTS

Summary/Comments of Clients were documented in the final training session.

The remarks were as follows:

Client #101 Nicholas - My mother is in dire need of help. The MFP Program will be very helpful for her. She is 94 and when she enters the nursing home, we know that she only has to be there for three months. At this time, we can bring her back home with us. Our next choice is a personal care home close to our home.

Client #102 Cynthia - I want to watch over my mother-in-law. She has vision problems and will eventually be in a nursing home as it is physically very difficult for me to care for her. Now I know about MFP, she will be able to transition to a PCH in our neighborhood.

Client #103 Kadian - My grandmother will need a ramp and the assistance of a Home Health Aide when she comes from the Nursing Home. I have learned through this seminar that she can also get care through a PCH. This is a wonderful revelation to my family.

Client #104 Carol - I am in the naturopath field. I am associated with loved ones in nursing homes from time to time. This training is very informative and beneficial for me. I am now able to offer Jay Wright's contact information, expertise and resources to my clients and friends.

Client #105 Patricia - My mother resides with my family and me. A few months ago, she was hospitalized and given the option of going to a nursing home. We looked at this as being a permanent decision. We now know that this can be a temporary solution as she is eligible for MFP.

Client #106 Pauline - I manage a PCH and would like to help more clients that are elderly. MFP gives me additional options for marketing my home.

Client #107 Joyce - My mother lived to 99. I wish we knew about MFP while she was alive. We cared for her at home. In our culture – Panamanian – we mainly keep our elderly in our homes. On the other hand, my husband and I have friends we visit in the nursing home regularly. We will use this training to advise family members about the benefits available under this grant.

Client #108 Rodrigo - We cared for my mother-in-law in our home until her passing. We have loved ones in nursing homes. We really got a lot from Patricia's training and Jay Wright's presentation. We feel so blessed to know the actual phone number of the contact person, and the steps to take for transitioning.

Client #109 Petula - My mother is in a nursing home in New York. Patricia helped me to locate a nursing home in Stone Mountain, Georgia. The paperwork for her relocation is presently being prepared. Once she has met the three-month residency requirement, she will be transitioned to a PCH nearby my home.

Client #110 Ivan - My mother in law is being transferred from a nursing home, which is out of state, to a local nursing home. We look forward to relocating her to a PCH through the MFP grant. The pamphlet with the checklist is very helpful.

The findings show that participation in the six sessions provided the necessary training for clients of Shalom Consulting to transition their loved ones from the nursing home to community-based care.

APPENDIX I
RESULTS OF PRE AND POST SURVEY/QUESTIONNAIRE TO
CLIENTS OF SHALOM MANOR CONSULTING

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RESULTS OF PRE AND POST SURVEY/QUESTIONNAIRE TO CLIENTS OF SHALOM MANOR CONSULTING

KEY:

The Client of Shalom Manor Consulting completing this Survey/Questionnaire is also the Respondent

The Person in the Nursing Home (NH) is the Resident

The Initiative Grant supporting this transition is Money Follows the Person (MFP)

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Please complete the following questions by placing an (X) beside the answer that best defines your opinion. You must select at least one.

- (1) What is the age group of the Respondent?
 18-25 _____
 26-35 _____
 36-45 _____
 46-55 _____
 56+ _____

- (2) What is the gender of the Respondent? Male _____ Female _____

- (3) What is the gender of the NH Resident? Male _____ Female _____

- (4) What is the age group of the NH Resident?
 18-25 _____
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 56+ _____ (Please state age)

- (5) What is your relationship to the Resident in the NH? Check more than one selection if applicable.
- | | |
|----------------|-------|
| Son | _____ |
| Daughter | _____ |
| In-Law | _____ |
| Niece | _____ |
| Nephew | _____ |
| Grandchild | _____ |
| Legal guardian | _____ |
| Other | _____ |
- (6) As a qualified Medicaid-eligible person, the 1999 Olmstead v. L.C. landmark decision of the U.S. Supreme Court gives residents of nursing facilities, hospitals or Intermediate Care Facilities (ICF) the choice to return to the community:
- 1) True
 - 2) False
 - 3) Don't Know
- (7) The target population for the Money Follows the Person Initiative Grant includes:
- 1) Older Adults
 - 2) Adults and children with physical disabilities and/or brain injuries
 - 3) Adults and children with developmental disabilities
 - 4) All of the above
 - 5) None of the above
- (8) The MFP grant opportunity was made available as part of the:
- 1) Association of Older Adults Grant
 - 2) Adults and children with physical disabilities and/or brain injuries Law
 - 3) The Children with Disabilities Act
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 - 5) None of the above
- (9) To be eligible to receive the MFP Grant, residents must live in a nursing facility or institution for at least how many months before their transition to Home- and Community-Based Care:
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- (10) Other Requirements to receive Grant benefits. Choose One.
- 1) Must be between the ages of 18 – 80
 - 2) Must have a mental as well as physical illness
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- (11) These are some of the qualified residences available for MFP candidates:
- 1) A home owned or leased by you or by a family member
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- (12) The following resources are available for assistance with a housing search
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- (16) Peer supporters can be located by contacting the Georgia Centers for Independent Living. They offer advice and support and may have transitioned out of nursing facilities or other state institutions themselves.
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- (17) The primary role of the Long-Term Care Ombudsman is to pursue improvement in the quality of life for residents in long-term care facilities, such as, nursing homes, Intermediate care facilities, (nursing homes, intermediate care facilities for the mentally retarded, personal care homes, and community living arrangements).
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- 1) The Personal Purchasing Needs Waiver
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- (20) Is "Home and Community-Based Services" another name for waiver services?
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- (21) What is the first determinant that a resident is ready to transition from the institution to the community?
- 1) Family wants resident at home
 - 2) It has become too expensive for resident to stay in the institution
 - 3) The resident has a strong desire to live in the community
 - 4) The resident is too old
 - 5) All of the Above
- (22) Who is the contact person at the MFP office that begins the process for the transition, once the resident decides that they are on board?
- 1) Moving Counselor
 - 2) Transition Consultant
 - 3) Reposition Specialist
 - 4) ADRC Options Counselor and/or MFP Transition Coordinator
 - 5) None of the Above

- (23) The following entities provide assistance for a successful life in the community:
- 1) MFP Staff
 - 2) Seniors' Support Team
 - 3) Transition Coordinator
 - 4) 1 and 3 above
 - 5) None of the Above
- (24) One of the Georgia agencies that will give support is The Office of the State Long-Term Care Ombudsman:
- 1) True
 - 2) False
 - 3) Don't Know
- (25) What happens to the resident after receiving a year of MFP benefits?
- 1) Resident returns to the nursing home or ICF
 - 2) Resident is on his/her own
 - 3) Transition Coordinator arranges for a Surveyor to complete the follow-up Quality of Life (QOL) survey and the Waiver Case Manager will meet with the resident to update the waiver service plan.
 - 4) Family and friends must come together to assist in providing services for their loved one
 - 5) Resident's MFP funds are depleted and the MFP Committee decides if they will replenish their benefits

Thank you for your participation. We hope this information will be helpful in your quest to assist your loved ones reacquire their dignity and a greatly improved quality of life. Please do not sign your name on this Survey/Questionnaire. Use your Respondent # given by the Researcher, so your responses will be held in strict confidence.

Respondent # _____

APPENDIX J

THANK-YOU LETTER TO MR. JAY W. WRIGHT

APPENDIX J

THANK-YOU LETTER TO MR. JAY W. WRIGHT



SHALOM CONSULTING * SHALOM MANOR PERSONAL CARE HOME, INC.
683 MEPHISTO CIRCLE * LAWRENCEVILLE, GEORGIA 30046
shalom_manor@yahoo.com
770-339-1789
404-944-4466

September 1, 2012

Mr. Jay W. Wright
 Transition Coordinator
 Georgia Department of Aging
 Money Follows the Person
 2 Peachtree Road
 Atlanta, GA

Dear Mr. Wright:

Congratulations on your promotion as Manager of the Money Follows the Person Transition Team. You definitely deserve this for all your dedication to the Program and to the families in need.

I am presently working on a project towards a Doctor of Ministry degree at United Theological Seminary in Dayton, Ohio. My study is training families how to transition loved ones from nursing homes back into the community through the Money Follows the Person Initiative Grant.

I am most grateful for the assistance you gave to me and my family when we needed to transition my mother from Rosemont to our home. Since this time, I have been advising others that there is a way to help their loved ones and friends to move back to the community through the Grant. This study specifically provides a systematic training for clients of Shalom Manor Consulting to utilize this federal grant.

We will convene training sessions for six Sundays, beginning on Sunday, September 16, 2012. During our recent, phone conversation, thanks for consenting to speak with our group at the 5th session on Sunday, October 7, 2012 at 3pm.

I want to thank you wholeheartedly for your continued interest and concern in improving the dignity and quality of life for the less fortunate and opting to elevate the lives of those in need.

Sincerely,

Patricia Williams
Director

APPENDIX K
RESOURCES GIVEN BY JAY W. WRIGHT AND MFP OFFICE

APPENDIX K

RESOURCES GIVEN BY JAY W. WRIGHT AND MFP OFFICE

(Add a Resource page as an Appendix for further information.)

List each resource – where it can be located. E.G. DHR, 2 Peachtree Street, Atlanta, GA 30301

1. Money Follows the Person – 3 fold Pamphlet. Located at Georgia Department of Community Health, 2 Peachtree Street, N.W., 37th Floor, Atlanta, Georgia 30303.
Email:gamfp@dch.ga.gov. dch.georgia.gov/mfp 866-55-AGING (866-552-4464)

2. Home and Community Services, A Guide to Medicaid Waiver Programs in Georgia.
A Publication of The Georgia Department of Community Health. Located at Georgia Department of Community Health, 404-656-6862 ofreeman@dch.ga.gov

3. Money Follows the Person Rebalancing Demonstration – A Q&A for Public Housing Authorities. Developed by the Centers for Medicare & Medicaid Services in cooperation with the Department of Housing and Urban Development. Located at U.S. Department of Housing and Urban Development, Five Points Plaza, 40 Marietta Street, 16th Floor, Atlanta, Georgia 30303
(404) 331-5140 or (800) 440-8091

4. The Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid Uninsured – December 2011 – Case Study: Georgia’s Money Follows the Person Demonstration. Located 1330 G Street, N.W., Washington, D.C. 20005 (202) 347-5270
Website: www.kff.org

5. Flyer for training sessions, titled “Are you interested in living at home, instead of in the nursing home? Located at Georgia Department of Community Health at (404) 657-9323 www.dch.georgia.gov/mfp

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